L14000149299

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PALICE OF CORP. AND ROLL OF

COVER LETTER

TO: Registration Se Division of Cor			
Jones	s Brothers Lea	asing, LLC	
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Brenda F. H	unt	4 HZ 28
		Name of Person	—————————————————————————————————————
	Jones Broth	ers Leasing LLC	CO CHILDREN TO THE COLUMN TO T
		Firm/Company	To the
	2733 Bancro	oft Blvd	
		Address	
	Orlando, Flo	orida 32833	
		City/State and Zip Code	
	ap@jonesbrothe	rsllc.com to be used for future annual report notifi	(antion)
For further information co	oncerning this matter, please c	·	Cation
Brenda F. H	•	336\682-3	507
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	s Leasing, LLC	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our record d Liability Company)	<u>(s.</u>)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L14000049299</u> .	y were filed on 03/21/14	and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited lia	bility company here:	14 HN 28
The new name must be distinguishable and end with the words "Limited Lise Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ability Company," the designation "LL	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	16877 East Colonial D	rive
	Orlando Florida, 32826	3
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		s, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres.	s
	, Flo	D rida
	Cuy	Lip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Title Address Type of Action Name** Timothy R, Jones 2733 Bancroft Blvd MGR ■ Add Orlando Florida, 32833 ☐ Remove _ Add □ Remove □ Add ☐ Remove □ Add □ Add □ Remove

f amendin!ر.D.	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
(The effective of	ate, if other than the date of filing: (optional) date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after locument is filed by the Florida Department of State)
Dated	May 23 2014
-	Signature of a member or authorized representative of a member
	Brenda F. Hunt
	Typed or printed name of signee

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Filing Fee: \$25.00