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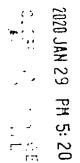
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#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: J2J Sales & Service, LLC.  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Joel ANDERSON Name of Person
JaJ Sales & Service, U.C.
825 Court Street
Clearwater FL 33756 City/State and Zip Code
S61 PILOTO quail, Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Joel Anderson at (727) 244-2544  Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:  \$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$ Certificate Opy (additional copy is enclosed)

TO:

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

#### Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jaj Sales & Compan (Name of the Limited Liability Compan (A Florida Limited Li	v as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company v	11/2/11	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name of the limited liability of the new name of the liability of the new name of the liability of the new name of th	Stop 116.	ne abbrevia@ "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	_N/A	29
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	N/A	9H 5: 20
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new registered
Name of New Registered Agent:  New Registered Office Address:	N/A	
New Registered Office Address.	Enter Florida street address	
	City Florid	8 Zip 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager			
AMBR = Authorized Member	•		

<u>Title</u>	<u>Name</u>	Address	Type of Action
		1/A	
			□Remove
			□Change
			□Add
			Remove
			Change
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ective	e date, if other than the date of filing: (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
te: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
cumer	nt's effective date on the Department of State's records.
<b>.</b>	and the state of the state and the state of
ecora : is filec	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
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ted	1/37
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member
	Joel ANDERSON Typed or printed name of signee

Filing Fee: \$25.00