

L14000 068 830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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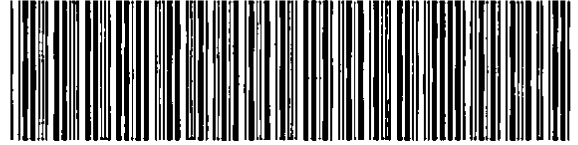
(Business Entity Name)

(Document Number)

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19 AUG 27 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 28 2018
T SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J3B Reo Realty Maintenance 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:

June Fletcher
Name of Person

Firm/Company

812 Pennsylvania Ave
Address

Fort Lauderdale FL 33312
City/State and Zip Code

landbreorealtymaintenance@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

June Fletcher at (954) 665-7307
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

RECEIVED
AUG 23 2019

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

J & B REO Realty Maintenance LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/28/2014 and assigned Florida document number L14000068830.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Junior Fletcher

New Registered Office Address:

812 Pennsylvania Ave

Enter Florida street address

Fort Lauderdale


City

Florida 33312

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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
CEO	Junior Fletcher	812 Pennsylvania Ave	<input checked="" type="checkbox"/> Add
		Ft Lauderdale Fl 33312	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	Thompson Shelton	812 Pennsylvania Ave	<input type="checkbox"/> Add
		Ft Lauderdale Fl 33312	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Junior Fletcher	812 Pennsylvania Ave	<input checked="" type="checkbox"/> Add
		Ft Lauderdale Fl 33312	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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STATE OF FLORIDA
TALLAHASSEE

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D.-If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Junior Fletcher is to be listed
as an Authorized Person(s).

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated August 16, 2019.

Shelton Thompson
Signature of a member or authorized representative of a member

Shelton Thompson
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA