

L14000086068

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

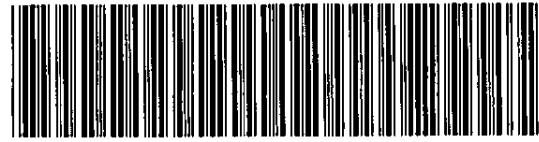
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK

APR 25 2016

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April, 19th 2016

To:
Florida Department Of State
Attn.: Division Of Corporations
Tallahassee, FL

Ref.: Name Change

To Whom it may concern:

Please find enclosed the required documents to perform a name change of corporation formerly known as J2S2 Investments Group, LLC to **Jaime Gill, LLC**.

Should additional information be needed, please feel free to contact us at 561.340.9498 or jimmy@jimmythecoach.com

Thanks in advance for your prompt attention to this matter.

Kind Regards,



Jaime Gill
561.340.9498
5565 Moorfield Village Cir.
Lake Worth, FL 33463.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: J2S2 Investments Group, 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:

Jaime Gill.
Name of Person

Jaime Gill, LLC.
Firm/Company

6565 Muirfield Village Cir.
Address

Lake Worth, FL 33463.
City/State and Zip Code

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

For further information concerning this matter, please call:

Jaime Gill. at (561) 340 9498.
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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

TO
ARTICLES OF ORGANIZATION
OF

J2S2 Investments Group, 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 5/29/2014 and assigned Florida document number L14000086068.

This amendment is submitted to amend the following:

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

Jaime Gill, LLC.

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)

5565 Muirfield Village Cir.
Lake Worth, FL
33463.

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5565 Muirfield Village Cir.
Lake Worth, FL
33463.

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:

Jaime Gill.

New Registered Office Address:

5565 Muirfield Village Cir.

Enter Florida street address

Lake Worth

Florida

33463.

City

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Echeverri, Sandra P.	5565 Muirfield Village Cir. Lake Worth, FL 33463	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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RECEIVED
STATE DEPARTMENT OF STATE

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 April 20th, 2016.

Sandra P. Echeverri
Signature of a member or authorized representative of a member

Sandra P. Echeverri
Typed or printed name of signee