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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Na	me)
(Do	ocument Number))
Certified Copies	_ Certificate	s of Status
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SECRETARY OF STATE

DEC 12 2016

🖖 COVER LETTER 🌡

TO: Registration Solution of Con			·		
J&I Crox	iton LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	`Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Johnathan B Croxton				
		Name of Person		_	
	J & I Croxton LLC				
		Firm/Company	•	_	
	15030 SW 27th St	•			
		Address		-	
	Miami, FL 33185			2016 SEC TALL	
		City/State and Zip Code		DEC -	
	E-mail address: (to be used for future annual report notifi	ication)	SE Y	•
For further information of	concerning this matter, please c	all:		<u></u>	Ċ
Johnathan Croxton		786 217-5100		II: 59 STATE LORIDA	
Name o	of Person	at () Area Code Daytime	Telephone Numbe		
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &	

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

J & I Croxton LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on June 9th, 2014	and assigned
Florida document number <u>L14000091945</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2016 17ALL
		発展の
Enter new mailing address, if applicable:	,`	SSS -
(Mailing address MAY BE A POST OFFICE BOX)		
·		
		77 :
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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

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>	Type of Action
MGR Ivannia Croxton	15030 SW 27th St	Add	
	Miami, FL 33185	■ Remove	
			Change
		Add	
			Remove
			Change
			Remove
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fective date, if other than the date of filing:	(optional)
on effective date is listed, the date must be specific and cannot be prior to date of filing or more to the date inserted in this block does not meet the applicable statutory filing re-	than 90 days after filing.) Pursuant to 605.02
Ster . It the date inserted in this block does not meet the applicable statutory tiling re	equirements, this date will not be listed a
cument's effective date on the Department of State's records.	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00