# L14000093218

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# **COVER LETTER**

TO:	Registration Se Division of Cor				
SUBJE	J&J 715, L1				
SUBJE	.c		ited Liability Company		
		Amendment and fee(s) are sub			
Please	return all correspo	ndence concerning this matter	to the following:		
		Andrew S. Atkins, Esq.			
			Name of Person		
		Shevlin & Atkins			
			Firm/Company		
		1111 Kane Concourse, Sui	te 619		
			Address		
	Bay Harbor Islands, FL 33154				
	City/State and Zip Code				
andrew@shevlinatkins.com  E-mail address: (to be used for future annual report notification)				ation)	
For fur	ther information c	oncerning this matter, please co	all:		
Andrew Atkins, Esq.			305 8680-0304 at ()		
	Name o	f Person	Area Code Daytime T	elephone Number	
Enclose	ed is a check for th	ne following amount:			
\$25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fec. 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

J&J 715, LLC.						
(Name of the Lin	ited Liability Comp (A Florida Limited	any as it now appears on our recor Liability Company)	'ds.)			
	Liability Company	were filed on 6/10/2014	and assigned			
	lowing:					
A. If amending name, enter the new name	of the limited liab	oility company here:				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."			
•		7201 Peppertree				
• • •		0'1- 01				
		Davie, FL 33314				
Enter new mailing address, if applicable:		7201 Peppertree	200 A			
Mailing address MAY BE A POST OFFICE	it to amend the following:  The new name of the limited liability company here:  able and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  address, if applicable:  Torcle South  Davie, FL 33314  If applicable:  Torcle South  Davie, FL 33314  Terred agent and/or registered office address on our records, enter the name of the new new registered office address here:  Talia Krespy					
			SE VO			
			ls, enter the name of the r			
registered agent and/or the new registered (	illice address her	<u>:e:</u>	95 - (7)			
Name of New Registered Agent:	Talia Krespy					
New Registered Office Address:	7201 Peppertre	e Circle South				
	<u></u>	Enter Florida street addre	list —			
	Davie	. <b>F</b>	lorida <u>33314</u>			
Florida document number  L14000093218  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the lim  The new name must be distinguishable and contain the words "Lin  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADD)  Enter new malling address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office address of New Registered Agent:  Name of New Registered Agent:  New Registered Office Address:  72011		City	Zin 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>Titte</u>	Name	<u>Address</u>	Type of Action
MGRM	Joseph Cohen	45 NW 21st Stret	Add
		Miami, FL 33127	≅ Remove
			☐ Change
			□ Add
			□ Remove
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			De Change
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The 90th day after the re	2016				
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