L14000104040

	(Requ	uestor's Nam	e)	
	(Addr	ress)		
	(Addr	ress)		
	(City/	/State/Zip/Pho	one #)	
PICK-U	Р	MAIT		MAIL
	(Busi	iness Entity N	lame)	
	`	•	,	
	(Doc	ument Numb	er)	
	(=		,	
Certified Copies		Certifica	tes of S	Status
		ochinoa	10001	
_	·			
Special Instruction CORRECTION	s to Fi	iling Officer:	ENT	PFO
CONVERSAT				
CONVERGIN		17/2015		
	-/	,		-
Ī.				

Office Use Only



500273801335

06/16/15--01014--016 **25.00

2015 JUNE 16 PM IN 13

K.SALY EXAMNER JUN 17 2015

COVER LETTER

TO:	Registration Se Division of Co			
arin r	n.com	JJJ (Conglomerate	
SUBJ	ECI:	Name of Lim	nited Liability Company	
The en	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
			John Jacobs	
			Name of Person	· · · · · · · · · · · · · · · · · · ·
			JJJ Conglomerate	
			Firm/Company	
			421 N.E. 77st	
			Address	
			Miami, FL 33138	
			City/State and Zip Code	
		C mail address: (marinejacobs@yahoo.com to be used for future annual report notifi	Coting
For fur	rther information c	oncerning this matter, please ca	•	cation
John Jacobs			910 320-29	
	Name e	f Person	Arca Code Daytime	Telephone Number
Enclos	ed is a check for the	ne following amount:		
□ \$2	5.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2015 JUN 16 PM 4: 13

Zip Code

ال 1000	Å 1 -
	M 16 PM 4: 13
our records.) [] A H	SSEAF SIAM
July 08, 2014	and assigned
nation "LLC" or the abb	reviation "L.L.C."
	<u> </u>
r records, <u>enter t</u>	he name of the

treet address	
. Florida	
	July 08, 2014 July 08, 2014 r records, enter t

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.

City

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 = M $AMBR = A$	Ianager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	John Jacobs	202 Woodberry Place, JACKSONVILL, NC 28540	🛱 Add
			Remove
			Change
MGR	VERNON JACOBS	421 N.E. 77 ST.	□ Add
		421 N.E. 77 ST. MIAMI, FL 33138	□ Remove
			Change
			Add
		72° (77° (77° (72° (72° (73° (Remove Change
			Change Add
			Change
			Add
			☐ Remove
			Change
			Add
			Remove
			Change

1						
						<u> </u>
		·			<u> </u>	
						120
	 					2015 11341
					7.	ై. ర
						PARTY F.
			 			70 F.
				···	· · · · · · · · · · · · · · · · · · ·	
	_					

fective date, if other than the an effective date is listed, the date must be ate. If the date inserted in this bl	st be specific and car	not be prior to	date of filing or i	nore than 90 days	(optional) s after filing.) Po s, this date wil	rsuant to 605.02 I not be listed
ocument's effective date on the D			j			
record specifies a delayed The 90th day after the rec		e, but not a	an effective	time, at 12:	01 a.m. on	the earlier
June 12	2	.015	. •			
	//					
•	Att		zed representativ			

Page 3 of 3

Filing Fee: \$25.00