

L14000 113194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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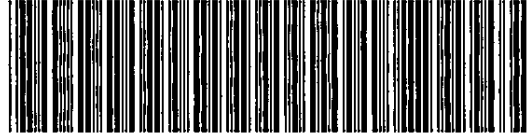
(Business Entity Name)

(Document Number)

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DEC 17 2015
J. HARRIS

JACOB 17, LLC AMENDMENT

COVER LETTER

TO: Registration Section
Division of Corporations

114000113194

SUBJECT: JACOB 17, 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:

LAURENT BENZAQUEN

Name of Person

JJLB PROPERTY MANAGEMENT, LLC

Firm/Company

255 COLLINS AVENUE, SUITE 1

Address

MIAMI BEACH, FLORIDA 33139

City/State and Zip Code

LAURENTBENZAQUEN@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAURENT BENZAQUEN

305 763-8102
at ()

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

LM

JACOB 17, LLC AMENDMENT
L14000113194

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

JACOB 17, 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 07/17/2014 and assigned
Florida document number L14000113194.

This amendment is submitted to amend the following:

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

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)

255 COLLINS AVENUE

SUITE 1

MIAMI BEACH, FLORIDA 33139

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

255 COLLINS AVENUE

SUITE 1

MIAMI BEACH, FLORIDA 33139

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:

JJLB PROPERTY MANAGEMENT, LLC

New Registered Office Address:

255 COLLINS AVENUE, SUITE 1

Enter Florida street address

MIAMI BEACH

City

, Florida 33139

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:

JACOB 17. LLC - AMENDMENT L14000113194

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	PARNAS, LLC	100 N. BISCAYNE BLVD	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33132	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	JJLB Property Management, LLC	255 COLLINS AVENUE	<input checked="" type="checkbox"/> Add
		SUITE 1	<input type="checkbox"/> Remove
		MIAMI BEACH, FLORIDA 33135	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

un

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

JACOB 17, LLC AMENDMENT - L14000113194

E. Effective date, if other than the date of filing: 12/10/2015 (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 DECEMBER 10, 2015

Signature of a member or authorized representative of a member

LAURENT BENZAQUEN

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE FLORIDA