

L4000133310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

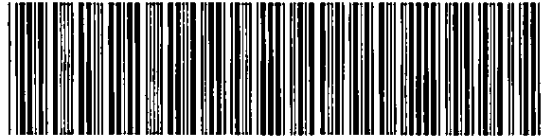
(Business Entity Name)

(Document Number)

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08/25/17--01013--017 **43.75

09/28/17--01026--001 **16.25

SEP 27 PM 4:29

SEP 28 2017
J. HARRIS

8500 L4000133310

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RD-LEG-A-DA-JUNGLE 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:

RODERICK JOHNSON

Name of Person

DA-Jungle LLC

Firm/Company

1901 NW 54th ST

Address

MIAMI, FL 33142

City/State and Zip Code

publicallie@yahoo.com

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

2017 SEP 27 PM 2:26

TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

RODERICK JOHNSON

Name of Person

at (786) 212-0461

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 29, 2017

RODERICK JOHNSON
1901 NW 54TH STREET
MIAMI, FL 33142

SUBJECT: DA JUNGLE "LLC."
Ref. Number: L14000133310

We have received your document for DA JUNGLE "LLC." and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 317A00017783

SEP 27 PM 4:29
1417 14000133310

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

~~BO-LEG-N-DA-JUNGLE 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 8/25/14 and assigned Florida document number L14000133310.

This amendment is submitted to amend the following:

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

BO-LEG-N-DA-JUNGLE 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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 attending 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>	<u>Type of Action</u>
AMBR	RODERICK JOHNSON	17200 NW 10 TH CT	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33169	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KEVIN DUFFY	17461 SW 33 ST	<input checked="" type="checkbox"/> Add
		MIRAMAR, FL 33029	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

[illegible]

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.

Dated September 12, 2017

Signature of a member or authorized representative of a member

Typed or printed name of signee

Zeit 22.27 P. 1.4.23