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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	÷#)
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	MAIL.	
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Office Use Only



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D. SCOTT

MAR 3 2017

COVER LETTER

Div	ision of Corp	porations					
SUBJECT:		JIS JOHNSON LLC					
SUBJECT.		Name of Lim	ited Liability Company				
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.				
Please return	all correspor	dence concerning this matter	to the following:				
		KEVIN LOUIS JOHNSON	N				
	KEVIN LOUIS JOHNSON, LLC						
			Address				
		ORLANDO, FLORIDA 32	2804				
			City/State and Zip Code		-4.00 -4.		
		kevin@orlandorealtyservice			ALGO T		
		E-mail address: (i	to be used for future annual report notifica	tion)	聖 第二		
For further in	nformation co	ncerning this matter, please ca	all:		ALED		
Kevin Johns	on		407 579-7878 at ()		High Ed		
	Name of	Person		elephone Number	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Enclosed is a	a check for the	e following amount:					
\$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &		

MAILING ADDRESS:

TO:

Registration Section

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

Company v	ny as it now appears on our records.) Liability Company) were filed on 09/02/2014	and assigned		
·	were filed on <u>09/02/2014</u>	and assigned		
<u>ited liabi</u>	lity company here:			
ited Liabili	ity Company," the designation "LLC" or the	ne abbreviation "L.L.C."		
	401 W. COLONIAL DRIVE			
RESS)	SUITE I			
	ORLANDO, FL 32804			
	401 W. COLONIAL DRIVE SUITE 1			
	ORLANDO, FL 32804			
	;	FILED MAR -1 M CORETAIN OF S LLANASSES, I		
		7: 9: N/A		
		Zip Code		
1 i	ited Liabil	SUITE I ORLANDO, FL 32804 401 W. COLONIAL DRIVE SUITE I		

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, $\underline{enter\ the\ title, name, and\ address\ of\ each\ person\ being\ added}$ or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
N/A	N/A	N/A	Add
		***	□ Remove
			Change
			Add
			Remove
			□ Change
			□ Add
			□ Remove
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		A	Remove
			Change F
			Add The Remove
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N/A								_
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		N/A						
Tective date, if other	er than the date of	of filing:	neign to data of fi	ling or more than ((optional	l) ~) Dumous	·· · · · · · · · · ·	is na
ote: If the date inser	ted in this block doe	es not meet the a	pplicable statute	ory filing require	ments, this dat	e will not	be list	ted a
ocument's effective d	ate on the Departme	ent of State's rec	cords.					
record specifies The 90th day aft			it not an effe	ctive time, at	: 12:01 a.m	. on the	earli	ier
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Typed or printed name of signee

Filing Fee: \$25.00