L14000157571

(Req	uestor's Name)	
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SECRETARY OF STATE

L. British Williams & South

COVER LETTER

	Registration Sec Division of Corp			
eun iec	JXJ Enter	rprises, LLC		
SUBJEC	1;	Name of Limi	ited Liability Company	
The enclo	sed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	urn all correspon	ndence concerning this matter	to the following:	
		Victoria Bertrand		•
			Name of Person	
		Bloomgarden, Goud	reau & Rosen, P.A.	
-			Firm/Company	
٠		8551 W. Sunrise Blv	vd., Suite 200	
			Address	
		Fort Lauderdale, FL	33322	
			City/State and Zip Code	
		vbertrand@lawbgr.co		
		E-mail address: (to be used for future annual report notific	eation)
For furthe	r information co	oncerning this matter, please ca	all:	
Victoria	Bertrand		954 370-2222	
-	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for the	e following amount:		
\$25.0 •	0 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

J X J Enterprises LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records,) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number <u>L14000157571</u>	Company were filed on October 8, 2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
JXJ Enterprises, LLC		
The new name must be distinguishable and end with the words "Li	mited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		A-32
(Principal office address MUST BE A STREET ADDI	RESS)	
		S V Promis
		EFF R
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		ORATE STATE
		<u> </u>
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	-10	ter the name of the new
registered agent undfor the new registered office add	<u> </u>	
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 amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Wendy Hennessy	121 Shawomet Avenue	
		Warwick, Rhode Island 02889	■ Remove
AMBR	Wendy Hennessey	121 Shawomet Avenue	■ Add
		Warwick, Rhode Island 02889	Remove
.			NOV -5
			STATE CORIGINA
 -			
			□ Remove
			□ Remove
			Add
			□ Remove

D. II	famend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•		
		date; if other than the date of filing: (optional) re date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after s document is filed by the Florida Department of State)
D	oated O	ctober 23 2014
		Wendy Hennessey
•	-	Signature of a member or authorized representative of a member Wendy Hennessey
		Typed or printed name of signee

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Filing Fee: \$25.00