L14000163587

(Re	questor's Name)	
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J. HARRIS

COVER LETTER

TO: Registration Se Division of Cor			
	J GROUP LLC		
SUBJECT:	Name of Lim	ited Liability Company	
		•	
Please return all correspo	ondence concerning this matter	to the following:	
	CHRISTEN BEBAWY		
		Name of Limited Liability Company and fec(s) are submitted for filing. Iming this matter to the following: N BEBAWY Name of Person Firm/Company IDRIDGE OAKS DR Address ARBOR, FL 34684 City/State and Zip Code HALLY@GMAIL.COM E-mail address: (to be used for future annual report notification) In matter, please call: at (727 488-3708) Area Code Daytime Telephone Number	
		Firm/Company	
	2914 WINDRIDGE OAKS	S DR	
		Address	
	PALM HARBOR, FL 346	84	
	IOSEPHCHALI V@GMA	•	
	-		ication)
For further information of	concerning this matter, please c	all:	
JOSEPH GHALLY		at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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)
		OWN DESTROY	ED ADDRESS

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

ROYAL J&J GROUP LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Company	were filed on 10-21-2014	and assigned
Plorida document number L14000163587		_
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6229 RIDGE RD	
Principal office address MUST BE A STREET ADDRESS)	PORT RICHEY, FL 34668	
		≥ि क
inter new mailing address, if applicable:	2914 WINDRIDGE OAKS DR	
Mailing address MAY BE A POST OFFICE BOX)	PALM HARBOR, FL 34684	The Total
		E S E
		- 5 - 5
 If amending the registered agent and/or registered of egistered agent and/or the new registered office address here 		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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 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>	Type of Action
MGR	CHRISTEN BEBAWY	2914 WINDRIDGE OAKS DR	Add
		PALM HARBOR, FL 34684	🖸 Remove
			Change
			□ Add
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ffective date, if other the an effective date is listed, the a			te of filing or more than 90 o	(optional) days after filing.) F	ursuant to 605.020
ote: If the date inserted in ocument's effective date of	this block does no	ot meet the applicable s	statutory filing requirem	ents, this date w	ill not be listed as
seament's effective date of	ii the Department c	of State 3 records.			
e record specifies a d	elayed effective	e date, but not an	effective time, at 1	.2:01 a.m. or	n the earlier o
The 90th day after th	ne record is file	d.			
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	Signature o	f a member or authorized	representative of a member	r Sign	
		f a member or authorized	representative of a member	ताः जिल्ला स्टब्स् प्रदूष	W 17 17 17 17 17 17 17 17 17 17 17 17 17

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