L1400165355

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #	f)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
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dmend.		

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11/03/14--01017--007 **25.00

FILED

SECRETARY OF STATE

M. MILLIGAN EXAMINER

NOV -3 2014

ATTN: Michelle Milligan COVERLETTER

TO: Registration Se Division of Cor			
SUBJECT:	Uncle J.J. Er	Harprises LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
;		Name of Person	
		rame or reison	r
; ;	Whole	J.J. Entaprises LL	<u></u>
	406 fine	Address	
	Satellite 1	Sch, FL 32937 City/State and Zip Code	
·	Coop 2	City/State and Zip Code 185 egmail. Com to be used for future annual report notifi	cation
For further information of	concerning this matter, please ca		cation)
_ Jason J (ooper	at (321) 65Z Area Code Daytime	-9121
Name o	of Verson	Area Code Daytime	Telephone Number
Enclosed is a check for t			
b \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

슾

Uncle J.J. Enterpr	lany as it now appears on our records.) [Liability Company]
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	y were filed on 25 Oct, 2019 and assigned
Florida document number 414000/65355	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
NA	
The new name must be distinguishable and end with the words "Limited Lia	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA
(Principal office address MUST BE A STREET ADDRESS)	
	•
Enter new mailing address, if applicable:	-N/A
(Mailing address MAY BE A POST OFFICE BOX)	
1	
	office address on our records, enter the name of the new
registered agent and/or the new registered office address he	<u>re</u> :
	1//4
Name of New Registered Agent:	///
New Registered Office Address:	
<u>.</u>	Enter Florida street address
<u> </u>	, 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

	Member being added or removed from	ii our records.	•
MGR = M: AMBR = A:	anager uthorized Member		
<u> </u>	<u>Name</u>	Address	Type of Action
MGR	Linda J. Burch	406 finch Dr	Add
		406 finch DV Sat. Beh, FL 32937	™ Remove
MGR	Jason J. Cooper	406 Finch Dr	™ Add
	· · · · · · · · · · · · · · · · · · ·	406 Finch Dr Sat. Bch, FL 32937	Remove
			Add
		<u> </u>	□ Remove
	· ·		Add
;	;		☐ Remove
	·		14 de
			3 Remove
		**************************************	Add
	:		□ Remove

D. It amend	ng any other information, enter change(s) here: (Anach daditional sheets, if hecessary.)	
	· · · · · · · · · · · · · · · · · · ·	
-		
E. Effective ((The effective the date this	date, if other than the date of filing:	
Dated	,,	
	Moore	
	Signature of a member or authorized representative of a member	,
	Jason J. Cooper Typed or printed name of signee	_

Page 3 of 3

Filing Fee: \$25.00

FILED
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