L15000005515

(Requestor's Name)

(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:

Office Use Only

900271801339

04/24/15--01024--010 **25.00

FILED
2015 MAY 15 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan MAY - 4 2015

# COVER LETTER

**TO:** **Registration Section**
**Division of Corporations**

**SUBJECT:** 2J2S2M, 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:

ATTORNEY SCOTT SALE
Name of Person

Firm/Company

8131 Bellagio Lane
Address

Boynton Beach, FL 33472
City/State and Zip Code

attorneysale@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Sale at (561) 414-5279
Name of Person — 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

RECEIVED
15 MAY 15 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 4, 2015

ATTORNEY SCOTT SALE
8131 BELLAGIO LANE
BOYNTON BEACH, FL 33472

SUBJECT: 2J2S2M, LLC
Ref. Number: L15000005515

We have received your document for 2J2S2M, LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Amendment was received on 04/24/15.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 315A00009112

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2015 MAY 15 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2J2S2M, 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 01/09/2015 and assigned Florida document number L15000005515.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)***

Scott Sale
8131 Bellagio Lane
Boynton Beach, FL 33474

**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: Scott Sale

New Registered Office Address: 8131 Bellagio Lane Boynton Beach 33
*Enter Florida street address*

Boynton Beach, **Florida** 33472
*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.*

Scott J. Sale
**If Changing Registered Agent, Signature of New Registered Agent**

**If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:**

**MGR = Manager**
**AMBR = Authorized Member**

| Title | Name | Address | Type of Action |
|---|---|---|---|
| MGR | LEIBOVICI LLC | 3146 Delemar Court<br>Wellington, FL 33314 | ■ Add<br>☐ Remove |
| | | | ☐ Add<br>☐ Remove |
| | | | ☐ Add<br>☐ Remove |
| | | | ☐ Add<br>☐ Remove |
| | | | ☐ Add<br>☐ Remove |
| | | | ☐ Add<br>☐ Remove |

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

**E. Effective date, if other than the date of filing: _____ (optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 16, 2015.

Signature of a member or authorized representative of a member

SCOTT SALE, AUTHORIZED REPRESENTATIVE

Typed or printed name of signee



**Filing Fee: $25.00**

FILED
2015 MAY 15 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA