L15000082548

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(Ac	ldress)	
(Cir	ty/State/Zip/Phone	e #)
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MAY 2 8 2015 T. BROWN

COVER LETTER

то	: Registration Se Division of Cor	ction porations		
CIT	JLJL of Ser	ninole LLC		
SU.	вјест:	Name of Limi	ited Liability Company	
The	e enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Ple	ase return all correspo	ndence concerning this matter	to the following:	
		Jeffrey J Gibeault		
			Name of Person	
			Firm/Company	
		6147 113th St N 出り10	•	
		_	Address	
		Seminole, FL 33772		
			City/State and Zip Code	
		gebo35 @hotmail.com		
		E-mail address: (t	to be used for future annual report notifi	cation)
For	further information co	oncerning this matter, please ca	all:	
Jef	frey J Gibeault		at () 282-6452 Area Code Daytime	
	Name of	f Person	Area Code Daytime	Telephone Number
Enc	closed is a check for th	ne 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)

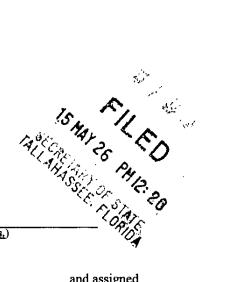
MAILING ADDRESS:

:1

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



JLJL of Seminole 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 Lia	bility Company w	ere filed on May 11th	1,2015	and assigned
Florida document number L15000082548	·			
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of t	the limited liabili	ty company here:		
The new name must be distinguishable and contain the wor	ords "Limited Liability	Company," the designat	ion "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applical	ble:			
(Principal office address MUST BE A STREET	(ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	8 <i>0X</i>)			
B. If amending the registered agent and/or registered agent and/or the new registered offi		ce address on our	records, enter the	name of the new
registered agent and/or the new registered offi	ice addiess here.			
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florida stre	et address	
			, Florida	
		City		Zip Code
New Registered Agent's Signature, if changing Re	egistered Agent:			
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this class	r and complete po tered agent as pro egistered office ac	erformance of my di ovided for in Chapte	uties, and I am fam er 605, F.S. Or, if t	iliar with and his document is

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>	Name	<u>Address</u>	Type of Action
MBR	Jeffrey J Gibeault	ال 6147 113th St N, #410 Seminole, FL 33 ⁷⁷⁷ على 6147 113th St N, #410 Seminole, FL	Add
			Remove
			Change
MGRM James V Scates Jr	James V Scates Jr	8256 Lark St N, Largo, FL 33777 U S	A dd
			Remove
			Change
			Add
			Remove
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Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of earlier of the sound is filed.
Datad	May 20, 2015
Dated	Libeauty Cignature of a member or authorized representative of a member
	Jeffrey J Gibeault

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00