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(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
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(Do	ocument Number)	
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COVER LETTER

TO:	Registration Se Division of Cor				
	JLI FINAN	CIAL, LLC			
SUBJ	Name of Limited Liability Company				
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		JANELLA ISRAEL			
	Name of Person				
		ILI FINANCIAL, LLC	•	·	
Firm/Company					
731 Duval Station Rd., Suite 107-133					
			Address		
		Jacksonville, FL 32218			
		janel@jlifinancial.com	City/State and Zip Code		
		E-mail address: (1	to be used for future annual report notific	cation)	
For fu	irther information c	oncerning this matter, please ca	all:		
JANE	ELLA ISRAEL		904 3279254 at ()		
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclo	sed is a check for th	ne following amount:			
□ \$2	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

. JLI FINANCIAL, LLC				
(Name of the Lim	ited Lightlity Compa	inv as it now annears on our rec	ords) ()	
The Articles of Organization for this Limited I Florida document number		iny as it now appears on our rec Liability Company) 05/26/2015 were filed on	SSEE FIORIDA	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "I	.LC" or the abbreviation "L,L.C."	
Enter new principal offices address, if appli	cable:	731 Duval Station Rd., Suit	te 107-133	
(Principal office address MUST BE A STREET ADDRESS)		Jacksonville, FL 32218		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		731 Duval Station Rd., Suit	ne 107-133	
		Jacksonville, FL 32218		
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:	JANELLA ISR 731 Duval Stati	fice address on our reco e:		
	Jacksonville		Florida 32218	
		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>	Address	Type of Action
AMBR	FAYE ISRAEL	FAYE ISRAEL 12356 LAWSON CREEK DR.	
***************************************		JACKSONVILLE, FL 32218	Add Remove
			☐ Change
MGR	JANELLA ISRAEL	12356 LAWSON CREEK DR.	🖸 Add
		JACKSONVILLE, FL 32218	□ Remove
			☐ Change
· · · · · · · · · · · · · · · · · · ·			□ Add
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			☐ Change

D. If ame	ding any other information, ent	er change(s) here: (Attach additi	ional sheets, if necessary.)	
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Note:	e date, if other than the date of f tive date is listed, the date must be specific the date inserted in this block does not selfective date on the Department	ot meet the applicable statutory filin	(optional) nore than 90 days after filing.) Puring requirements, this date will	suant to 605.0207 (3)(b) not be listed as the
	rd specifies a delayed effective the local of the record is file the record is file to the record in the record is file to the record in		time, at 12:01 a.m. on	the earlier of:
Dated _)ecember 29	of a member or authorized representative	2015 U	
	VANELLA IS	PAEL Typed or printed name of signee	28 ASSET	
		i yped or printed name of signee	P 1: 01 PFLORIDA	
		Page 3 of 3		

Filing Fee: \$25.00