

L15000 101180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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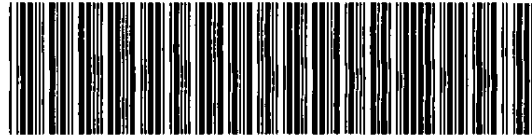
(Business Entity Name)

(Document Number)

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16 JUL 15 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BRIAN JONES + ASSOCIATES, 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:

BRIAN JONES

Name of Person

BRIAN JONES + ASSOCIATES, LLC

Firm/Company

300 BELLA HARBOR CT UNIT #107

Address

PAUM COAST, FL 32137

City/State and Zip Code

brianjonesllc@gmail.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

NANCY JONES

Name of Person

at (828)

Area Code

713-4577

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BRIAN JONES + ASSOCIATES 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 6-10-15 and assigned
Florida document number L15000101180

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 contain 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)

300 BELLA HARBOR CT
UNIT 107
PALM COAST, FL
32137

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

300 Bella Harbor Ct
UNIT 107
PALM COAST, FL 32137

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:

New Registered Office Address:

Enter Florida street address

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:

FILED
JUN 15 2015
11:46
STATE
OF FLORIDA
CLERK OF THE
SOLICITOR GENERAL'S
OFFICE

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

[illegible]

E. Effective date, if other than the date of filing: 7-12-16 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 7-12-16, 2016

Signature of a member or authorized representative of a member

Brian Jones

Typed or printed name of signee

16 JUL 15 PM 14:45
SERIALS
MAIL ROOM
STREET
1600