## L15000121469

Office Use Only



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## **COVER LETTER**

TO:	Registration Se Division of Cor				
() + ! <b>! &gt; ! !</b>	JOHN HAL	LEY JR. LLC			
SUBJI	·CI:	Name of Lim	ited Liability Company	me Telephone Number  S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		Nick Wilmot			
		-	Name of Person		
Debbie's Accounting Service Inc					
			Firm/Company		
		3575 Southside Blvd			
		Jacksonville, FL 32216			
			City/State and Zip Code		
		nick@debbiesaccountingse			
		E-mail address: (	to be used for future annual report notif	ication)	
For fur	ther information c	oncerning this matter, please c	all:		
Nick \	Vilmot		904 733-4547 at ()		
	Name o	f Person	Area Code Daytime	: Telephone Number	
Enclos	sed is a check for the	ne following amount:			
<b>■</b> \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy	

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

JOHN HALEY JR. LLC

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records. Jability Company)	)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L15000121469}{L15000121469}$ .	were filed on	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	anization for this Limited Liability Company were filed on 07/20/2015 and assigned umber 1.15000121469 submitted to amend the following:  Interpretation of the limited Liability Company here:  distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" all offices address, if applicable:  Interest MUST BE A STREET ADDRESS)  AND BE A POST OFFICE BOX)  The registered agent and/or registered office address on our records, enter the name of the new and/or the new registered office address here:  New Registered Agent:  See Registered Agent:  The appointment as registered agent and agree to act in this capacity. I further agree to comply with the tatutes relative to the proper and complete performance of my daties, and I am familiar with and ions of my position as registered agent as provided for in Chapter 60.5, E.S. Or, if this document is ely reflect a change in the registered agent as provided for in Chapter 60.5, E.S. Or, if this document is ely reflect a change in the registered agent as provided for in Chapter 60.5, E.S. Or, if this document is ely reflect a change in the registered agent as provided for in Chapter 60.5, E.S. Or, if this document is ely reflect a change in the registered agent as provided for in Chapter 60.5, E.S. Or, if this document is ely reflect a change in the registered agent as provided for in Chapter 60.5, E.S. Or, if this document is ely reflect a change in the registered agent as provided for in Chapter 60.5, E.S. Or, if this document is ely reflect a change in the registered agent as provided for in Chapter 60.5, E.S. Or, if this document is ely reflect a change in the registered agent as provided for in Chapter 60.5, E.S. Or, if this document is ely reflect a change in the registered agent as provided for in Chapter 60.5, E.S. Or, if this document is ely reflect a change in the registered agent as provided for in Chapter 60.5, E.S. Or, if this document is ely reflect a change in the registered agent as provided for in Chapter 6		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		<del></del>	
(Principal office address MUST BE A STREET ADDRESS)			
	<del></del>	<u> </u>	
Enter new mailing address, if applicable:	ment is submitted to amend the following:  ding name, enter the new name of the limited Liability company here:  must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  principal offices address, if applicable:  office address MUST BE A STREET ADDRESS)  mailing address, if applicable:  dress MAY BE A POST OFFICE BOX)  ending the registered agent and/or registered office address on our records, enter the name of the agent and/or the new registered office address here:  we Registered Office Address:  Enter Florida street address  Florida  City  Zip Code  street Agent's Signature, if changing Registered Agent:  covert the appointment as registered agent and agree to act in this capacity. I further agree to comply with of all stantages relative to the proper and complete performance of my daties, and I can familiar with and obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document to merely reflect a change in the registered address, I hereby confirm that the limited liability		
Mailing address MAY BE A POST OFFICE BOX)			
registered agent and/or the new registered office address her  Name of New Registered Agent:		enter the name of the nev	
New Registered Office Address:	Enter Florida street address		
	Flor	rida	
<del></del>			
New Registered Agent's Signature, if changing Registered Agent:			
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	performance of my duties, and provided for in Chapter 605, F	d Lam familiar with and S.S. Or, if this document is	
If Cha	nging 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
MGRM	Gerald R Haley	1515 Nicholson Rd	
			<b>=</b> Add
		Jacksonville, Fl. 32207	☐ Remove
			a remove
		<del></del>	□ Add
		·	Remove
			Change
			Add
			11
			SS Change
			8 ARG 22 CAH LOTTO ECRETARY III STANL LI AHASSEE FLORIDA
			28 IDA
			□ Remove
			Change
			Add
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an eff	ve date, if other than the date of filing: (opti- ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after	r filing.) Pursuant to 605.	
<u>Note:</u> locum	If the date inserted in this block does not meet the applicable statutory filing requirements, thi ent's effective date on the Department of State's records.	s date will not be liste	d a
	ord specifies a delayed effective date, but not an effective time, at 12:01	a.m. on the earlie	er (
The	90th day after the record is filed.		
Jated	Aug 20 2018.		
	Delin Heles An		
	Signature of a member or authorized representative of a member		

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Filing Fee: \$25.00