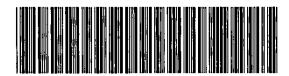
## L15000129342

(Re	questor's Name)	<u> </u>
(Add	dress)	
(Ad-	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



600277699796

10/05/15--01029--018 \*\*25.00



OCT 06 2015 J SHIVERS

## **COVER LETTER**

TO:	Registration Se Division of Con	ection rporations		_
SUBJE	YOUR JU	PITER AGENT. COM		
302317	···	Name of Lin	ited Liability Company	
		Amendment and fee(s) are sub	-	
		GREG A. FOREST		
			Name of Person	
		YOUR JUPITER AGENT	ссом	
			Firm/Company	
		2916 TUSCANY COURT	<b>APT</b> #115	
			Address	- ··
	•	PALM BEACH GARDEN	IS, FL 33410	
		gforest67@gmail.com	City/State and Zip Code	
			to be used for future annual report notifi	cation)
For furth	ner information c	oncerning this matter, please c	all:	
GREG-	. A. FOREST	r	772 284-4801 at ( )	
	Name o	ſ Person	Area Code Daytime	Telephone Number
Enclose	d is a check for t	he following amount:		
<b>■</b> \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fcc & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fcc, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAIL	ING ADDRESS:	STREET/COURIS	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YOUR JUPITER AGENT.COM		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on	and assigned
Florida document number L15000129342		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
GREG A. FOREST, LLC.		
The new name must be distinguishable and contain the words "Limited Lial	bility Company." the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	(uFA)	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		The state of the s
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 he		
		350
Name of New Registered Agent:		3-3-1 - 1 1/4
No. B. San A. Communication		सम्बंध का हम
New Registered Office Address:	Enter Florida street address	
		- H 19
<del></del>	, Florida	Tin Carle
	City	The Edge Course

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

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = A	Authorized Member		
Title	Name	Address	Type of Action
			☐ Remove
			Change
			D ∧dd
			□ Remove
			Change
	***	ALCONOMIC DE LA CONTRACTOR DE LA CONTRAC	
			Remove
			Change
			Remove
			☐ Change
			Remove
			Change
			□ Remove

, ,		-
		-
		-
		-
		_
		-
		-
		_
		-
		_
		-
	77	-
	7 - OT	
	# C C	•
	र्शन के	y
	12m	
		7 8 7 2
ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of	(optional)	7
neffective date is listed, the date must be specific and cannot be prior to date of the time the applicable state and the date inserted in this block does not meet the applicable state ament's effective date on the Department of State's records.	f filing or more than 90 days after filing.) Pursuant to 605 utory filling requirements, this date will not be listed	5.020 ed a
record specifies a delayed effective date, but not an effice filed.	fective time, at 12:01 a.m. on the earlie	er (
ect 10/1/15		
ed / 0 / / / · >		
en 7977:		
Signature of a member or authorized rep	ore entative of a member	

Page 3 of 3

Filing Fee: \$25.00