## L15000149720

(Ke	questor's Name)	
(Ade	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
•	,	,
PICK-UP	☐ WAIT	MAIL
<del>_</del>	<del></del>	_
(Bu:	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
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## **COVER LETTER**

TO:

Registration Section

Divis	ion of Cor	porations		
CUBICCT		OF HOMESTEAD, LLC		
SUBJECT: _		Name of Lim	ited Liability Company	
The analogue	A⇒iolos of	Amondania and Cortal areas	and the second of the second o	
ine enciosed /	Articles of	Amendment and fee(s) are sub	omitted for filing,	
Please return a	II correspo	ondence concerning this matter	to the following:	
		JOHN P. MAAS, ESQ.		
			Name of Person	
		JOHN P. MAAS, P.A.		
		•	endment and fee(s) are submitted for filing.  nee concerning this matter to the following:  JOHN P. MAAS, ESQ.  Name of Person  JOHN P. MAAS, P.A.  Firm/Company  44 NE 16 STREET  Address  HOMESTEAD, FL 33030  City/State and Zip Code  BRIANNEBLETT773@YAHOO.COM  B-mail address: (to be used for future annual report notification)  erning this matter, please call:  at (	
		44 NE 16 STREET		Daytime Telephone Number  & S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)  address: ration Section on of Corporations entre of Tallahassee
			Address	
		HOMESTEAD, FL 33030		
		<del></del>	City/State and Zip Code	
		E-mail address: (	to be used for future annual report not	iffication)
For further info	ormation c	oncerning this matter, please c	all:	
CANDY BRO	WNLOW			
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enctosed is a c	heck for th	ne following amount:		
■ \$25.00 Fil	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	ng Addres			ection
_		Corporations	——————————————————————————————————————	
P.O.	Box 632	.7	The Centre of	Tallahassee
Talla	ahassee. I	FL 32314	2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	JEWEL OF HOM	ESTEAD, LLC		
(Name of the Limi	ited Liability Compar (A Florida Limited L	i <mark>y as it now appears</mark> iability Company)	s on our records.)	
The Articles of Organization for this Limited L Florida document number L15000149720	Liability Company	were filed on Sep	otember 1, 2015	and assigned
This amendment is submitted to amend the fol	lowing:			F1L 2020 OCT 23
A. If amending name, enter the new name of	<u>of the limited liabi</u>	lity company he	<u>re</u> :	12
N/A				i i i
The new name must be distinguishable and contain the	words "Limited Liabili	ty Company," the de	esignation "LLC" or the abl	previational.1.
Enter new principal offices address, if applicable:		N/A		<u> </u>
Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or agent and/or the new registered office addre	• •	ddress on our re	ecords, enter the name	e of the new register
Name of New Registered Agent:	BRIAN NEBLETT			
New Registered Office Address:	144 NW 11 STF			
<del></del>		Enter Flori	ida street address	
	HOMESTEAD		Florida _ <sup>330</sup>	)30
		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>	<u>Address</u>	Type of Action
AMBR	BRIAN NEBLETT	144 NW 11 STREET	■Add
		HOMESTEAD, FL 33030	☐Remove
			2020 Change
AMBR	MICHELLE HOLFORD	144 NW 11 STREET	2020 Change FILED
		HOMESTEAD, FL 33030	Remove
			□Change
MGR	CARL DE NOBREGA	144 NW 11 STREET	
		HOMESTEAD, FL 33030	■Remove
			□Change
			□Remove
			[] Change
	<del></del>		□Add
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Note:	tive date, if other than the diffective date is listed, the date must heart the date inserted in this blochent's effective date on the Dep	k does not meet the applicable	ate of filing or more than 90 d statutory filing requireme	_ <b>(optional)</b> ays after filing.) Pursua ents, this date will no	ant to 605,0207 (3) of be listed as the
f the reco ecord is f	ord specifies a delayed effective of the field.	date, but not an effective time.	at 12:01 a.m. on the earlie	er of: (b) The 90th	day after the
Dated	October 13	2020			
				<del></del>	
	S	ignature of a method or authorize	d representative of a member	<u> </u>	<del></del>
	BRIAN NEBLETT				

Typed or printed name of signee