

L15000152513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

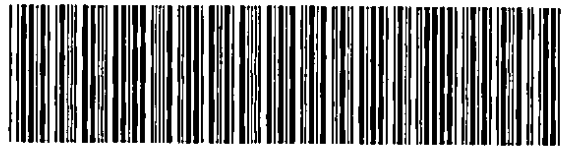
(Business Entity Name)

(Document Number)

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FILED
2019 MAR -1 A 11 08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 11 2019

T. LEMIEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JAG Florida Nursery, 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:

John E. Godshall

Name of Person

JAG Florida Nursery, LLC

Firm/Company

4839 SW 148th Avenue

Suite 521

Address

Davie, FL 33330

City/State and Zip Code

John.treeworksmgt@gmail.com

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

For further information concerning this matter, please call:

John E. Godshall

954

439-7860

at ()

Name of Person

Area Code

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**

JAG Florida Nursery, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED

2019 MAR -1 A 1P 34

The Articles of Organization for this Limited Liability Company were filed on September 8, 2015 and assigned
Florida document number L15000152513

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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)

4839 SW 148th Avenue

Suite 521

Davie, FL 33330

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4839 SW 148th Avenue

Suite 521

Davie, FL 33330

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:

John E. Godshall

New Registered Office Address:

4839 SW 148th Avenue

Suite 521

Enter Florida street address

Davie

City

Florida 33330

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

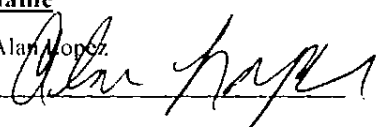
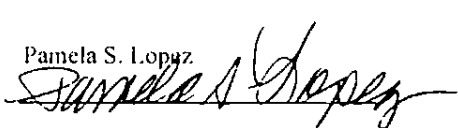
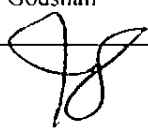
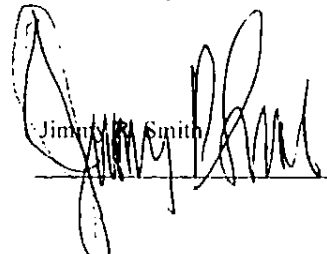
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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>	<u>Type of Action</u>
MGR	Alan Lopez 	15757 Pines Blvd., Suite 389 Pembroke Pines, FL 33027	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Pamela S. Lopez 	15757 Pines Blvd., Suite 389 Pembroke Pines, FL 33027	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	John E. Godshall 	4839 SW 148th Avenue Davie, FL 33330	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Jimmy R. Smith 	4839 SW 148th Avenue Davie, FL 33330	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

Signature of a member or authorized representative of a member

Typed or printed name of signee