15000173332

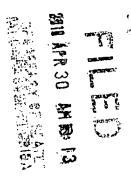
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COVER LETTER

TO: Registration Section Division of Corporations
JAMES ROSS DOUGLAS ENTERPRISES, LLC SUBJECT:
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:
JAMES ROSS DOUGLAS
Name of Person
. Firm/Company
5560 FAWN LAKE ROAD
Address
CRESTVIEW, FL 32539
City/State and Zip Code JRDOUG@GMAIL.COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JAMES ROSS DOUGLAS 850 368-6468
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\square\$ \$30.00 Filing Fee & \$\square\$ \$55.00 Filing Fee & \$\square\$ \$60.00 Filing Fee, \$\square\$ Certificate of Status & \$\square\$ (additional copy is enclosed) \$\square\$ \$\squ

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

JAMES ROSS DOUGLAS, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 115000173332	were filed on 10/12/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	r the abbreviation L.L.C."
Enter new principal offices address, if applicable:		Section 1
Principal office address MUST BE A STREET ADDRESS)		<u>ω</u> ω
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
s. If amending the registered agent and/or registered of egistered agent and/or the new registered office address her	ffice address on our records, <u>c</u>	enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Florida street address	
	, Floric	
	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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	VANESSA TÈJO	3620 GRADY JOHNSON ROAD	■ Add
		CRESTVIEW FL 32539	☐ Remove
			□ Change
			Add
			Remove
	•		□ Change
	·		Add
			☐ Remove
			☐ Change
			Add
			Remove
			□ Hange
			□ Add □ Remove □ Change
			□ Cange
			Add
			☐ Remove
			□ Change

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if other than the date of filing:

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Filing Fee: \$25.00