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D. SCOTT DEC 7 2016

### **COVER LETTER**

Division of Corporations
SUBJECT: JEY PROPERTY GROJP UL
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:
Juliet Coursey Name of Person
Traine of Telson
JEY PROPERTY GROUP LLC
t + 00 + 11 + 10 + 10
10649 Hillside Lane
Address
Will Worth, Ft. 33462.  City/State and Zip Code
COLLEGE VICES 2 CO C DO CIL ZERO
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person  at SOI QOI-9036  Area Code  Daytime Telephone Number  Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

#### **MAILING ADDRESS:**

TO:

**Registration Section** 

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

## TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp. (A Florida Limited	pany as it now appears on our records.) d Dability Company)	<u></u>
The Articles of Organization for this Limited Liability Companies Local T.3	f 1	15 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		er the name of the new
Name of New Registered Agent:		<b>温</b> 易于二
New Registered Office Address:		FIG. 2
	Enter Florida street address	10 to 9
<del></del>	City, Florida	Zip Code
	<del></del>	The come

#### 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

or removed from our records:	
MGR = Manager AMBR = Authorized Member	
<u>Title</u> <u>Name</u>	Address Type of Action
MGR Christopher Johnson	Lake WOAh, FL 33462 Remove
MGR Juliet Consey	Lelego HISIUE Lane DAdd Lake WAH, F2 33402 Remove
MBR Juliet Coursey	(0698 HISIUL LUNE PAdd  Level WOAh, Fg. 33460 - Remove
	Change  Add  Add  TAGE Remove  Change  Change  Change  Change
	Remove Change Add Remove
	Change

_	Juliet Coursey	75%	ownership,	
_	Christopher Johnson	259	o ownershy	)
-				
-	· · · · · · · · · · · · · · · · · · ·			
_ 				
-			-1.0:=	
Note:	ve date, if other than the date of filing: 11-25 extive date is listed, the date must be specific and cannot be prior to d If the date inserted in this block does not meet the applicable ent's effective date on the Department of State's records.	iate of fitting of thore man 50 (	(optional) lays after filing.) Pursuant to 605.020 ents, this date will not be kisted as	7(3)(b) sthe
(b) The	ord specifies a delayed effective date, but not a 90th day after the record is filed.  Noumber 25, 201  11-25-16		2:01 a.m. on the earlier o	f:
	Signature of a member or authorize	ed representative of a membe	r .	
	TWHET COME Typed or printed no	ame of signee		

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Filing Fee: \$25.00