

L15000202599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

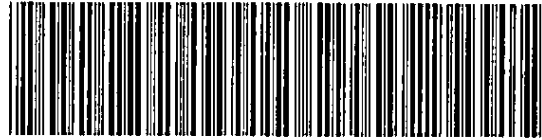
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 JAN 30 AM 7:37

SECRETARY OF STATE
TALLAHASSEE, FL

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FEB 25 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jankgalea, 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:

Jay Reubens

Name of Person

Firm/Company

101 East Camino Real Suite 1212

Address

Boca Raton, FL 33432

City/State and Zip Code

Concept2Mrkt@gmail.com

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

For further information concerning this matter, please call:

Jay Reubens

at (561) 5043440

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Jankgalex, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 12/04/2015 and assigned Florida document number L15000202599.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

C2M, LLC

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)

101 East Camino Real Suite 1212

Suite 1212

Boca Raton, FL 33432

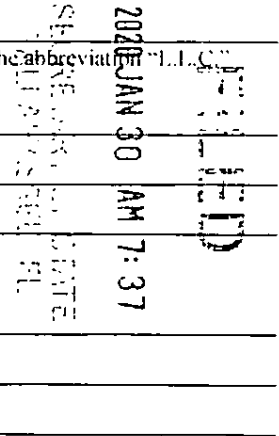
Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

101 East Camino Real Suite 1212

Suite 1212

Boca Raton, FL 33432



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:

Jay Reubens

New Registered Office Address:

101 East Camino Real Suite 1212

Enter Florida street address

Boca Raton

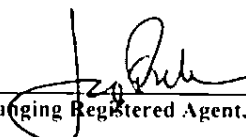
City

Florida 33432

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	Brenda Newfield	170 NE 2nd Street	<input type="checkbox"/> Add
		740	<input checked="" type="checkbox"/> Remove
		Boca Raton, FL 33429	<input type="checkbox"/> Change
MGR	Jay Reubens	101 East Camino Real	<input checked="" type="checkbox"/> Add
		Suite 1212	<input checked="" type="checkbox"/> Remove
		Boca Raton, FL 33432	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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STATE OF FLORIDA
TALLAHASSEE
2020 JAN 30 PM 7:57
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2020 JUN 30 AM 7:37
SECRETARY OF STATE
TALLAHASSEE, FL

FILED
2020 JAN 30 AM 7:37
SECRETARY OF STATE
TALLAHASSEE, FL

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated January 27, 2020

Signature of a member or authorized representative of a member

Jay Reubens

Typed or printed name of signee