

L16000021192

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TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

MAR 25

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J & L Sales, 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:

Amanda L Gideon
Name of Person

J & L Sales, LLC
Firm/Company

3650 NE 25th St Unit 5
Address

Ocala, FL 34470
City/State and Zip Code

J-LSales@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amanda L Gideon at (352) 433-7103
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

J & L Sales, LLC

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/29/2016 and assigned
Florida document number L110000021192.

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)

3050 NE 125th St Unit 5
Ocala, FL 34470

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3050 NE 125th St Unit 5
Ocala, FL 34470

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida

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>	<u>Type of Action</u>
CEO	Jessica L McRee	2146 NE 16th Pl	<input type="checkbox"/> Add
		Ocala, Fl 34470	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	Richard R Russell Jr	4710 NE 28th Ave	<input checked="" type="checkbox"/> Add
		Ocala, Fl 34479	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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JALHSSC@FL010101

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I also need to change the address for
Amanda L Gideon from 2146 NE 16th Pl
Ocala, FL 34470

to : 4710 NE 28th Ave
Ocala, FL 34479

To Sum it up - - Remove Jessica L McPee
- Add Richard R Russell Jr
- and change address
for Amanda L Gideon.
- Add address of
actual business (mailing too)

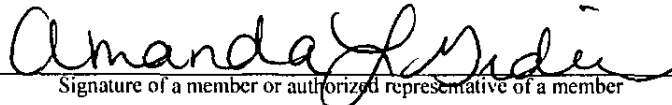
E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 9/23/16


Signature of a member or authorized representative of a member

Amanda L Gideon
Typed or printed name of signee

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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