L160000 32025

(Re	questor's Name)	
(Ad	dress)	
` (Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		í

Office Use Only



100282434331

04/04/16--01013--020 **25.00

SLUBETARY OF STATE

APR 1.5 2016 I. HARRIS

16 APR ILL AMID: 51
SECKETKAY OF STATE
TALL AMASSEE FLORID.

COVER LETTER

TO: Registration Se Division of Cor Atha! Zen	ection porations A HAMS				
JLY CONC	CEPTS, LLC				
SUBJECT:	Name of Lim	ited Liability Company	•		
•••			•	•	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	endence concerning this matter	to the following:			
	Jessica Yardy	,			
		Name of Person			_
			•		
		Firm/Company			- .
	5801 Gulf Blvd				
•	•	Address			-
	St. Pete Beach, FL 33706				
•		Name of Limited Liability Company Indiment and fee(s) are submitted for filing. Indice concerning this matter to the following: Idessica Yardy Name of Person Firm/Company S801 Gulf Blvd Address St. Pete Beach, FL 33706 City/State and Zip Code essicayardy@mc.com E-mail address: (to be used for future annual report notification) rning this matter, please call: 310 345-5053 at (_		
	jessicayardy@me.com				
	E-mail address: (to be used for future annual re	eport notifica	ntion)	
For further information c	oncerning this matter, please ca	all:			
Jessica Yardy			-5053		
Name o	f Person		Daytime T	elephone Numbe	er ,
,		•		• .	· .
Enclosed is a check for the	ne following amount:	· · · · · · · · · · · · · · · · · · ·	· ·		·
\$25.00 Filing Fee Chech # 163 xs cashed an	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy		Certifica Certifie	ate of Status & d Copy
15/IC.					

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



April 8, 2016

JESSICA L YARDY 5801 GULF BLVD ST PETE BEACH, FL 33706

SUBJECT: JLY CONCEPTS, LLC Ref. Number: L16000032025

We have received your document for JLY CONCEPTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 2 is missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

> SECRETARY OF MALLAHASSEE, F

Letter Number: 916A00007266

16 APR 14 AN IO: 51

TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	1 Liability Compa	ny as it now an	ears on our records			_
(<u>134416 % the 13411166</u>	A Florida Limited I	Liability Compan	y)			
he Articles of Organization for this Limited Lia lorida document number	bility Company	were filed on	2/15/2016		_ and	assigned
his amendment is submitted to amend the follow	wing:					
a. If amending name, enter the new name of	the limited liab	ility company	here:			
RD LAGREE BURN, LLC						
he new name must be distinguishable and contain the wo	rds "Limited Liabil	lity Company," tl	ne designation "LLC"	or the abbre	viation	"L.L.C."
Inter new principal offices address, if applica	ble:	N/A		<u>5</u>	: · 	
Principal office address MUST BE A STREET	ADDRESS)		·	ES		
				EE .	- 20	d ₹ rame
				50.7e	<u>.</u> :-), to a 2440 p
Inter new mailing address, if applicable:	•	N/A		<u> </u>		1 7 1
Mailing address MAY BE A POST OFFICE B	· · · · · · · · · · · · · · · · · · ·			STA LOR	_	W.
	<u>v.17</u>					
	•					
 If amending the registered agent and/o egistered agent and/or the new registered offi 			on our records	, <u>enter th</u>	e nan	ne of the
Name of New Registered Agent:	N/A			·····		
New Registered Office Address:		,	. ,			· . ·
•		Enter	Florida street address	•	•	
•			, Flo	rida		
		City			Zip Co	de

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 remo	ved fro	om our records:				
MGR = AMBR :	Man = Aut	ager horized Member				
<u>Title</u>		<u>Name</u>		Address		Type of Action
•	,	, ,				· -
	-					Add
		•			· ·	Remove
					, •	Change
	_		-			Add
				· · · · · · · · · · · · · · · · · · ·		Remove
						☐ Change
	-		-			
•	•					□ Remove
						Change
	_		-		· ·	
·						□ Remove
. *	·. ,			·	2	Change
	_		_		A HAS	Change
			•		in constant	Remove
					ORIDA	Remove -
	_		-			Add
		·				□ Remove
						□ Change

_			-
_	· · · · · · · · · · · · · · · · · · ·		
. <u>-</u>			
		· · · · · · · · · · · · · · · · · · ·	_
		· · · · · · · · · · · · · · · · · · ·	_
<u>-</u>	·		_
_	· · · · · · · · · · · · · · · · · · ·		-
. -			_
			-
	·		-
_			-
_		·	-
_			-
-		· ·	-
-			_
f an eff Note:	ive date, if other than the date of filing:	optional) s after filing.) Pursuant to 60 s, this date will not be list	5.0207 ted as
e rec	cord specifies a delayed effective date, but not an effective time, at 12:	01 a.m. on the earli	ier o
The	90th day after the record is filed.		
Dated	April 12 , 2016.	•	
	Signature of a member or authorized representative of a member		
		16 AF SECRETALL AL	V 2007
	Typed or printed name of signee	R III	1
	Page 3 of 3	AH IO:	77
	Filing Fee: \$25.00	RAN 5	-