

W16 000038626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

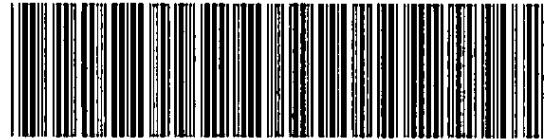
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2022 SEP -2 PM 4:48  
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: \_\_\_\_\_

GLG 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:

Corena O'Neill

Name of Person

Firm/Company

7450 NW 69th St  
2904 Appaloosa Tr

Address

Ocala FL 34482  
Wellington FL 33414

City/State and Zip Code

corenaoneil@att.net

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

For further information concerning this matter, please call:

Corena O'Neill

Name of Person

at

(561)

Area Code

213 1103

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

2022 SEP -2 PM 4:48

8/27/22

Please find form that corrects  
the JLG LLC.

Corena O'Neill and John T.  
Williams are changed from  
members to managers.

Corena Williams is added as  
a manager.

Thank you.

Corena O'Neill

Please note new address  
as well.

It is no longer 2904 Appaloosa  
Trail, Wellington FL 33414.

It is now:

7450 NW 69<sup>th</sup> St

Ocala FL 34482.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

AUG 04 2022

July 13, 2022

LORENA ONEILL  
2904 APPALOOSA TRL  
WELLINGTON, FL 33414

SUBJECT: JLJ, LLC  
Ref. Number: L16000038626

We have received your document for JLJ, 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):

If amending authorized person(s) authorized to manage you must provided the ADDRESS of each person or company being added to our records.

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) 245-6050.

Tekayla T Matthews  
OPS

Letter Number: 122A00015634



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 25, 2022

LORENA ONEILL  
2904 APPALOOSA TRL  
WELLINGTON, FL 33414

> wrong address

SUBJECT: JLJ, LLC  
Ref. Number: L16000038626

We have received your document for JLJ, 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):

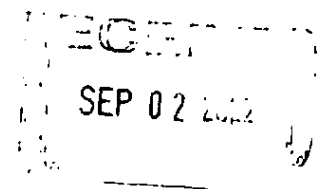
I'm sorry but which page is the correct one to use to change your information.

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) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 322A00018931



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

JLJ 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 02/24/2016 and assigned  
Florida document number L16000038626.

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)**

7450 NW 69th St.

Ocala, FL 34482

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

7450 NW 69th St.

Ocala, FL 34482

**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:

- Same -

New Registered Office Address:

7450 NW 69th St.

*Enter Florida street address*

Ocala

Florida

34482

*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>
Mgr	Lorena O'Neill	7450 NW 69th St Ocala FL 34482	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
Mgr	John T Williams	7450 NW 69th St Ocala FL 34482	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
Mgr	Lorena Williams	7450 NW 69th St Ocala FL 34482	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

May 10, 2022

**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.

May 10

2022

Dated

Lorena O'Neil

Signature of a member or authorized representative of a member

Lorena O'Neill

Typed or printed name of signee