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(City/State/Zip/Phone #)
(Only State Ziph Hone #)
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DEC 11 2020 S. YOUNG

COVER LETTER

TO: Registration Sect Division of Corpo			
CVID ID CT	Ja Ja R	ealty	
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Jus	His G. Cerrato Name of Person	
	Blue O	cean Law Firm/Company	
	4309 Jabl	o Oaly Cf. In Address	d Hour
	Jackson	City/State and Zip Code wato @ blue Ocean: to be used for future annual report notif	32224
		City/State and Zip Code	
	E-mail address: (1	wato a blue ocean; to be used for future annual report notif	K+6. com
For further information cor	ncerning this matter, please ea		
-1	(()	0.1/ 020	2/1//
Name of I	oreson	at (<u>904</u>) <u>J39</u> Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
₹\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF A ARTICLES OF O ARTICLES OF O O Ja Ja Read (Name of the Limited Liability Company (A Florida Limited L The Articles of Organization for this Limited Liability Company Florida document number L 160000 4 2016 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability	PRGANIZATION F Characteristic property on our records.) When the property on our records.) Were filed on 2/29/20/6 and assigned Characteristic property of the property o
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "LLC." 2448 3rd St S Sox 37
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Jaysonille Beach Florida 32250
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Jacksomille Beach Florida 32250
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida

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.

City

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>	Address	Type of Action
AMBR	Gregg Everett	1718 Sith Beach Parkway	13 A70d
		Jacksonville Beach, FC 3225	<u>პ</u> □Remove
			Change
			□Add
			□Remove
			□ Change
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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an ef Note:	ive date, if other than the date of filing: [cetive 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)(If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
f the recor	
Dated	10/23 2020.
	Signature of a member or authorized representative of a member
	Gregg Everett - Scheir Everett

Filing Fee: \$25.00