

L16000063609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

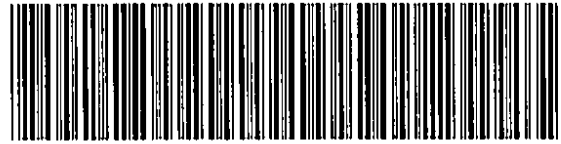
(Business Entity Name)

(Document Number)

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FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
18 JUL 30 PM 4:53

Amend

AUG 01 2018

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Billjonco, 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:

Robert A. Burson

Name of Person

Robert A. Burson, P.A.

Firm/Company

PO Box 1620

Address

Stuart, FL 34995

City/State and Zip Code

bob@robertburson.com

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

For further information concerning this matter, please call:

Bob Burson

772 286-1616
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status
+ \$5.00 ADDITIONAL
CERTIFICATE OF STATUS
TOTAL \$35.00 | <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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JUL 30 PM 4:53



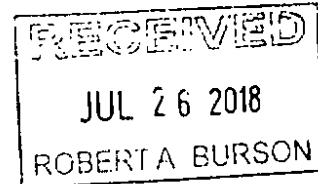
FLORIDA DEPARTMENT OF STATE
Division of Corporations

VIA USPS

7/26/18

~~July 20, 2018~~

From ROBERT A BURSON
ROBERT A BURSON, P.A.
PO BOX 1620
STUART, FL 34995



SUBJECT: BILLJONCO, LLC
Ref. Number: L16000063609

We have received your document for BILLJONCO, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

To Diane Cushing
Senior Section Administrator

Letter Number: 318A00014907

Thank you - See attached

RECEIVED
18 JUL 30 PM 2:16
SENDER'S COPY
NOT TO BE RETURNED

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

Billjonco, LLC

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

FILED
DIVISION OF CORPORATIONS
18 JUL 30 PM 4:52

The Articles of Organization for this Limited Liability Company were filed on 03/30/2016 and assigned Florida document number L16000063609.

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)

13 Simara Street

Stuart, FL 34996

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13 Simara Street

Stuart, FL 34996

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:

William L. Read, II

New Registered Office Address:

13 Simara Street

Enter Florida street address

Stuart

City

Florida 34996

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	Jonathan Bukard	106 South Sewalls Point Road	<input type="checkbox"/> Add
		Stuart, FL 34996	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jeffrey Price	7540 Oakboro Drive	<input checked="" type="checkbox"/> Add
		Lake Worth, FL 33467	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<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.)*

The company is a manager managed company and any manager may be, but is not required to be,

a member of the company.

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 July 11, 2018



Signature of a member or authorized representative of a member

William L. Read, II

Typed or printed name of signee