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COVER LETTER

Division of Co				
J & N BAY	Y AREA ENTERPRISES LLC			
SUBJECT:	Name of Lir	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	NASSLY ALEMAN			
		Name of Person		
	J & N BAY AREA ENTE	RPRISES LLC		
		Firm/Company		
	1952 BRAINERD CT			
		Address		
	LUTZ, FLORIDA 33549		15.00	AND SECTION AND SE
		City/State and Zip Code		
	JNBAYAREAENTERPRIS	-		- com
	E-mail address: (to be used for future annual report notifi	cation) Carrier	
For further information c	oncerning this matter, please c	all:	1	D (
NASSLY ALEMAN		813 843-6544 at ()	(7) - (7) -	유 호
Name o	f Person	Area Code Daytime	Telephone Number	G
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing F Certificate of S Certified Copy (additional copy is	Status &

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 & N BAY AREA ENTERPRISES LLC			
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our remited Liability Company)	ecords.)	
The Articles of Organization for this Limited Liability Com	npany were filed on 4/13/16		_ and assigned
Florida document number L16000073214			
This amendment is submitted to amend the following:			
Florida document number L16000073214 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." Conter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Conter new mailing address, if applicable:			
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "	'LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>	
Principal office address MUST BE A STREET ADDRES	<u>SS)</u>		
Enter new mailing address, if applicable:		f ** 3	25 55
Mailing address MAY BE A POST OFFICE BOX)		r.	1
			1 mars
		ords, enter the	name of the
egistered agent and/or the new registered office address	<u>s here</u> :	35 33 25 27	ري س
		7.5	σ
Name of New Registered Agent:		·	
New Registered Office Address:			
	Enter Florida street ad	ldress	
		, 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>	Name	Address	Type of Action
MGR	JENNIFER WOOLLUMS	5126 NET DR APT 420	□ Add
		TAMPA FL 33634	■ Remove
			☐ Change
			Add
			Remove
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fective date, if other than the an an effective date is listed, the date must	date of filing: be specific and can	not be prior to d	ate of filing or r	nore than 90 days	o ptional) after filing.) I	ursuant to	605.020
ote: If the date inserted in this blo ocument's effective date on the De	ck does not meet	the applicable	statutory filir	g requirements	, this date w	ill not be	listed a
ocument's effective date off the De	partment of State	s records.					
e record specifies a delayed The 90th day after the reco	effective date ord is filed.	, but not a	n effective	time, at 12:	01 a.m. oı	n the ea	rlier o
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ated WAT 3	,						
X **							
				of a member			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00