L1600076820

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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SEPARETARY OF STATE

K. SALY MAR 13 2017

COVER LETTER

Div	ision of Cor	porations		
SUBJECT:		JE COMPANY LLC		
ocajner.	· · · · · · ·	Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		ANDREW ARGUE		
			Name of Person	
			Firm/Company	
		1331 BRICKELL BAY DI	RIVE, #2002	
			Address	
		MIAMI, FLORIDA 33131		
			City/State and Zip Code	
		andrew@andrewargue.com		
		E-mail address: (i	to be used for future annual report notif	ication)
For further in	nformation co	oncerning this matter, please ca	all:	
ALLEN J. C	GABLE		312 263-8600 at ()	
	Name of	Person		e Telephone Number
Enclosed is a	a check for th	e following amount:		
\$25.00 F	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)

TO:

Registration Section

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



Zip Code

THE ARGUE COMPANY LLC		114,7
(Name of the Limited Liability Compan (A Florida Limited Lia	v as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company vi Florida document number L16000076820	vere filed on APRIL 19, 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabil</u>	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address here:		er the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florido	

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
			□ Add
			Remove
		 	Change
			Add
			□ Remove
			Change 7 2: 04
			O Remave
			□ Change

		*** *** *** *** *** *** *** *** *** **	☐ Remove
			Change
		 	
			Remove
			☐ Change
····			Add
			□ Remove
			☐ Change

Title: Manager	
ANDREW ARGUE	· · · · · · · · · · · · · · · · · · ·
1331 BRICKELL BAY DRIVE, APARTMENT 2002	· · · · · · · · · · · · · · · · · · ·
MIAMI, FLORIDA 33131	
	TALLAH SSEE FLORID
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tive date, if other than the date of filing:	g.) Pursuant to 605.02
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. e 90th day after the record is filed.	on the earlier
MARCH 2 , 2017 .	
Signature of a member or authorized representative of a member	<u></u>

Page 3 of 3

Filing Fee: \$25.00