(F	Requestor's Name)	
(A	Address)	
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(C	City/State/Zip/Phone	<del>;</del> #)
. PICK-UP	☐ WAIT	MAIL
(E	Business Entity Nam	ne)
<u>(C</u>	Document Number)	
Certified Copies	Certificates	of Status
Special Instructions t	o Filing Officer:	
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## **COVER LETTÉR**

TO: Registration S Division of Co			
SUBJECT:	The Jayce	Myles, LL	<u>i</u>
Division of Corporations			
Please return all correspondent	ondence concerning this matter	to the following:	
	LATAVIA	Stephens Name of Person	
	The Jay	Firm/Company LLC	
	1851 W. 1	Prospect Rd. #	902
	JAMARAC, FO	C. 33309 City/State and Zip Code	
	Lstephens_2 E-mail address: (	H @ yAhov.com to be used for future annual report notifi	ication)
For further information of			
LA I AVIA	Stephens of Person	at (786) 853 Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

The Jayce Myles,	LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>05 - 18 - 2016</u> and assign	ned
Florida document number <u>1160000 <b>9</b>7085</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ollity company here:	
Jayce Myles Realty, LLC The new name must be distinguishable and contain the words "Limited Liability		
The new name must be distinguishable and contain the words "Limited Liabili	lity Company," the designation "LLC" or the abbreviation "L.L.C	3.7
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	-N/A	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u>.</u>
	, 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 Miffilia with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or II his decument is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited limited limited company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Re-

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

	Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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fective date, if other than	the date of fi	iling: 4-16-	2017	(ontional)	
in effective date is listed, the date of the date inserted in the	e must be specific	c and cannot be prior to da	te of filing or more than 90 d	ays after filing.) Pursuar	it to 605.0207 (3)
cument's effective date on t	he Department	of State's records.	successful time requirement	ino, ino date traine	or hold us an
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record specifies a dela The 90th day after the			effective time, at 1	2:01 a.m. on the	earlier of:
·				TAS.	
ited April 16	······································	<u>, 2017</u> .			7 A
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	Signature of	of a member of authorized	representative of a member		<u> </u>
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Page 3 of 3

Filing Fee: \$25.00