

L16000126459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

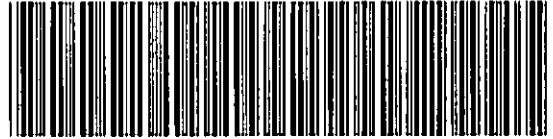
(Business Entity Name)

(Document Number)

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2021 MAR 22 PM 6:35

CLERK OF SUPERIOR COURT  
ASSISTANT

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*Handwritten signature: Albritton*

MAY 27 2021

I ALBRITTON

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JILF Realty, 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:

Dr. Armelle G Osias  
Name of Person

\_\_\_\_\_  
Firm/Company

21840 SW 1<sup>st</sup> ST  
Address

Dunnellon FL 34431  
City/State and Zip Code

acleos8@gmail.com  
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr. Armelle G Osias at (352) 286-6553  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Address:  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

JILF REALTY, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 06/30/2016 and assigned  
Florida document number L16000126459

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)

21840 SW 1<sup>st</sup> ST

Dunnellon FL 34431

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

21840 SW 1<sup>st</sup> ST

Dunnellon FL 34431

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:

Dr. Armelle G Osias

New Registered Office Address:

21840 SW 1<sup>st</sup> ST

Enter Florida street address

Dunnellon

City

Florida

34431

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.

Armel G Osias

If Changing Registered Agent, Signature of New Registered Agent

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2016 MAR 22 PM 6:35  
CLERK OF CIRCUIT COURT  
JACKSONVILLE, FLORIDA

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	Dr. Armelle G. Osias	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		21840 SW 1 <sup>st</sup> ST Dunnellon FL 34431	<input checked="" type="checkbox"/> Change
AMBR	Julianah Guiteau Cleophaat	21840 SW 1 <sup>st</sup> ST Dunnellon FL 34431	<input checked="" type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
AMBR	EROST N. OSIAS	21840 SW 1 <sup>st</sup> ST Dunnellon FL 34431	<input checked="" type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<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.)*

~~Please see attached marriage certificate  
for name change~~

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 March 17 , 2021

Aelle G Osias

Signature of a member or authorized representative of a member

Dr. Armelle G. Osias

Typed or printed name of signee