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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	WAIT	MAIL
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O SIMMONS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Je wes Family Venture, 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:
Malcoln Jenes
Jones Family Venture
207 Island Drive
Jupiter, Fl 33477
Walcoln ones @ homes by Jones, net E-mail address. (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Sectificate of Status Status Securified Copy (additional copy is enclosed) S60.00 Filing Fee, 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

(Name of the Limited Lightlity	Company of it now appears on our records
(A Florida I	Limited Liability Company)
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 "LLC." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address Florida Florida	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Limit	ed Liability Company" the decimation "LLC" or the abbreviation "LLC"
The new name must be dischiguishable and contain the words. Emilia	
Enter new principal offices address, if applicable:	16
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Frincipal office address MOST BE A STREET ADDRE	= = = = = = = = = = = = = = = = = = = =
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Enter new mailing address, if applicable:	
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Name of New Registered Agent:	·
New Registered Office Address:	
110 W Registered Office Tradiciss.	Enter Florida street address
	-
	, Florida City Zip Code
	·
New Registered Agent's Signature, if changing Registered	Agent:

If Changing Registered Agent, Signature of New 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Ma $AMBR = Au$	anager athorized Member			
<u>Title</u> . M6R	Malcolm Janes A	Remains	Type of Acti	ion
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	Rence Story Jones	PJupiter, Fl 3	34.58 Remove	
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an effecti lote: If	date, if other than the date of filing: 9 23 6 (optional) ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) P the date inserted in this block does not meet the applicable statutory filing requirements, this date with	oursuant to 605.020	7 (s t
ocument	's effective date on the Department of State's records.		
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. or 0th day after the record is filed.	າ the earlier o	f:
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	Signature of a member or authorized represent ture of a member		
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Filing Fee: \$25.00