

LL6000221085

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(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2019/03/18 AM 8:55

Amend

APR 02 2020

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JAKAP CONSULTING 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:

JAMES H PETERS

Name of Person

JAKAP CONSULTING LLC

Firm/Company

674 MONTREAL LN

Address

SANFORD FL 32771

City/State and Zip Code

JIM@JAMESHPETERS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES H PETERS

407 810-8197
at ()

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

FILED
TALLAHASSEE
DIVISION OF CORPORATIONS
20 MAR 18 PM 2:56

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

JAKAP CONSULTING, LLC

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

20 MAR 19 PM 6:56
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
DADE COUNTY, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/06/2016 and assigned Florida document number L16000221085.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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:

JAMES H PETERS

New Registered Office Address:

674 MONTREAL LN

Enter Florida street address

SANFOD

City

Florida 32771

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Janet K. Peters	674 Montreal Ln	<input checked="" type="checkbox"/> Add
		Sanford, FL 32771	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	James H. Peters	674 Montreal Ln	<input checked="" type="checkbox"/> Add
		Sanford, FL 32771	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

N/A

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.

Dated MARCH 6, 2020

J. H. P. A.

Signature of a member or authorized representative of a member

James H. Peters

Typed or printed name of signee

Filing Fee: \$25.00