

L16000223415

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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200293492382

01/03/17--01005--020 **43.75

200293492382
01/26/17--01003--003 **16.25

FILED
17 JAN 23 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

JAN 25 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 4, 2017

JOANA GARCIA JONES
218 CORAL REEF CIR
KISSIMMEE, FL 34743

SUBJECT: RE-VITALIFE VITAMINS & SUPPLEMENT BY JGJ LLC
Ref. Number: L16000223415

RECEIVED
2017 JAN 23 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for RE-VITALIFE VITAMINS & SUPPLEMENT BY JGJ LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL CORPORATION, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 017A00000091

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17 JAN 23 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Re-Vitalife Vitamins & Supplement By J6JLLC
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:

Joana Garcia Jones

Name of Person

Firm/Company

218 Coral Reef circle

Address

Kissimmee, FL, 34743

City/State and Zip Code

revitalife.contact@gmail.com

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

For further information concerning this matter, please call:

Joana Garcia

Name of Person

at (954)

Area Code

842-8941

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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17 JAN 23 PM 2:55
TALLAHASSEE, FL
SECRETARY OF STATE

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

Re Vitalife vitamins & Supplement by J6J 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 12/09/2016 and assigned
Florida document number L16000223415.

This amendment is submitted to amend the following:

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

Re-Vitalife vitamins & Supplements Distributor by J6J LLC

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)

218 Coral reef circle
Kissimmee, FL, 34743

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 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

City, Florida

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

MGR = Manager
AMBR = Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

We are only amending the title of Osbeidy Figueroa
for (MBR) and please in the name of the corporation I
would like you to add the letter S in the word supplement
and add the word distributor.

Re- Vitalipe Vitamins & Supplements Distributor by JB J LLC

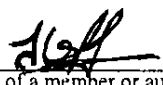
E. Effective date, if other than the date of filing: _____ (optional)

(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 1/17/17


Signature of a member or authorized representative of a member

Joana Patricia Jones
Typed or printed name of signer

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JAN 23 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA