

L17000021214

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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MAR 15 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J V and S Companion Fieldtrip Services
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:

Valencia U Williams
Name of Person

J V and S Companion Fieldtrip Services L.L.C.
Firm/Company

2845 S Oakland Forest Dr #103
Address

Oakland Park, FL 33309
City/State and Zip Code

JVSCompanionFieldtripsServices@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Valencia U Williams at (954) 534-1638
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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**

JV and 3 Companion Fieldtrips Services 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 _____ and assigned
Florida document number L17000021214.

This amendment is submitted to amend the following:

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

JV and 3 Companion Fieldtrip Services 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)

2845 S Oakland Forest Dr #103
Oakland Park, FL 33309

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:

Valencia L. Williams
2845 S Oakland Forest Dr #103
Enter Florida street address
Oakland Park, Florida 33309
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 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

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TALLAHASSEE, 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	James R Williams	2845 S Oakland Forest	<input type="checkbox"/> Add
		Dr # 103 Oakland Park,	<input checked="" type="checkbox"/> Remove
		Fl 33309	<input type="checkbox"/> Change
MGR	Valencia Williams	2845 S Oakland Forest	<input checked="" type="checkbox"/> Add
		Dr # 103 Oakland Park,	<input type="checkbox"/> Remove
		Fl 33309	<input type="checkbox"/> Change
AMBR	James R Williams	2845 S Oakland Forest	<input checked="" type="checkbox"/> Add
		Dr # 103	<input type="checkbox"/> Remove
		Oakland Park, Fl 33309	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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.

Valw

Valencia Williams

Typed or printed name of signee

Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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