## L17000 29534

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

BE JONES SUBJECT:	LLC			
	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	David J Miller			
		Name of Person	<del></del>	
	Skipper Holdings LLC			
		Firm/Company		
	3451 East Louise Lane #1	24		
		Address		
	Hernando, FL 34442			
		City/State and Zip Code		
	miller.dj.jr@gmail.com			
	E-mail address: (	to be used for future annual report noti	fication)	
For further information c	oncerning this matter, please c	all:		
David Miller		407 388-4220 at ( )		
Name of Person		at () Area Code Daytim	ne Telephone Number	
Enclosed is a check for the	ne 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 Addres Registration S	Section	Street Address: Registration Se Division of Co		
Division of Corporations P.O. Box 6327			The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monro	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BE JONES 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  $\frac{02/06/2017}{1}$ - and assigned Florida document number \_\_\_\_\_L17000029539 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: Skipper Holdings LLC Name of New Registered Agent: 3451 East Louise Lane #124 New Registered Office Address: Enter Florida street address Hernando

## 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>	Address	Type of Action
Pres	David J Miller	3451 East Louise Lane #124	
		Hernando, FL 344442	≡Remove
			□ Change
MGRM	Skipper Holdings LLC	3451 East Louise Lane #124	<b>≣</b> Add
		Hernando, FL 34442	□Remove
		<del></del>	□Change
	-		□ Add
			□Remove
		<del></del>	□ Change
			□Add
			□Remove
			□Change
			□ Add
			□ Remove
			□ Change
			Remove
			□Change

	BE JONES LLC is subsidiary to Skipper Holdings LLC
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-	
(If an ef Note:	ive date, if other than the date of filing:  [08/28/2024]  [receive 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 (  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
he recor	rd 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 led.
Dated	November 26 2024
Dalled	W/ml
Datted	Signature of a member or authorized representative of a member

Filing Fee: \$25.00



September 9, 2024

DAVID J MILLER 3451 EAST LOUISE LANE #124 HERNANDO, FL 34442

SUBJECT: BE JONES LLC Ref. Number: L17000029539

We have received your document for BE JONES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 524A00020052

Pecerved (Xddxra3,2024