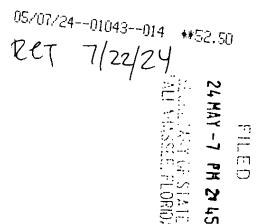
L17 000 098 303

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
·	,	,
PICK-UP	TIAW	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
(50)	cament Namber	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
4085		

Office Use Only



200429185552



COVER LETTER

TO:

fo:	Registration S Division of Co			
SUBJEC	T. AMA	L'S WATCH AND JEN	WELRY REPENS LLC	- -
,01,011	<u> </u>	Name of Lim	ited Liability Company	
The encl	osed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all corresp	ondence concerning this matter	to the following:	
		FARAZ Ham	Name of Person	
		JAMAL'S WATCH	Firm/Company	es LLC
		1446 NW 1ST	TER Address	
			33993 City/State and Zip Code	
For furth	ier information	downfaho E-mail address: (concerning this matter, please co	to be used for future annual report notall:	lification)
FAR	IAZ OR	MARIE	at <u>(239) 400</u>	9059
	Name	MARIE of Person	Area Code Daytir	me Telephone Number
Enclosed	l 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)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed)
	Mailing Addre Registration		<u>Street Address:</u> Registration Se	
	Division of C P.O. Box 63	Corporations	Division of Co The Centre of	
	Tallahassee.			oe Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JAMAI'S WATCH AND JENELRY REPAIRS

Company as it now appears on our records.) mited Liability Company)
npany were filed on MAY 3rd 2017 and assigned
d liability company here:
I Liability Company," the designation "LLC" or the abbreviation "L.L.C."
H/A
SS)
H/A
ffice address on our records, <u>enter the name of the new registered</u>
Enter Florida street address A . Florida N/A
A . Florida N/A . 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 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
AMBR	MARIE HAMID	1446 NW 1ST TER, CAPE CERAL	⊠Add
		FL , 33993	□Remove
			□ Change
	<u></u>		□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Remove
			□Change
			□Add
			□Remove

Change

in a	event	€F.	death	ଦ୍ୟି	either	- Mar	nber	OF	Jano	Ks watch
aad :	Jawal	പ റ	epairs	LLC	. the	bu	suress		d all	°+°
			cunts,							
<u>a</u> sse	// 5	لسوند	id be	cíve	n to	the	othe	sc m	embe	C
Ma.	niber	ah	V10051							
		(1			٠,					. .
			share			-				
Marie	e Hai	<u>mid</u>	Share	50	0/0					
	-									
					·	· · · · · · · · · · · · · · · · · · ·				
					· · · · ·					
					,+-					<u> </u>
	_		· · · · · · · · · · · · · · · · · · ·							
ve date.	if other (than th	e date of fi	lina:	07/1-	1 24			_ (option	al)
ctive date	is listed, th	ie date mi	ast be specific	and cann	ot be prior ti	date of file	ng or more	than 90 c	lays after fi	ling.) Pursuant to 60
			nock does no Department (ne statuto:	ry ming r	equirem	ents, this c	late will not be lis
-	s a delaye	d effecti	ve date, but	not an e	ffective tim	e, at 12:0	La,m, on	the earli	er of: (b)	The 90th day after
rd.										
•	1 1	2.1								
<u> </u>	1071	<u> </u>	La	-· <u> </u>		<u>-</u>				
			122-	~ 11		,				
			/		er or author					