# L17000110874

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
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### **COVER LETTER**

TO: Registration Division of C			?
JLCS De	signs LLC		<b></b>
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for tiling.	
Please return all corres	pondence concerning this matter	to the following:	
	Luke Smith		
		Name of Person	
	JLCS Designs		
		Firm/Company	
	5741 Volsella PL		
Firm/Company  5741 Volsella PL  Address  Sarasota, FL 34231  City/State and Zip Code			
	Sarasota, FL 34231		
	jlesdesignslle@gmail.com	City/State and Zip Code	
		to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
Luke Smith		941 5393378	
Name	e of Person	at () Area Code Daytin	ne 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 Add		Street Address:	
Registration Division of	n Section Corporations	Registration Se Division of Co	
P.O. Box 6		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JLCS Designs LLC				
(Name of the Limited	Liability Compa Florida Limited	any <mark>as it now appears on ou</mark> Liability Company)	r records.)	
he Articles of Organization for this Limited Lia lorida document number $\frac{117000110874}{1000110874}$	bility Company	were filed on 05/18/201	17	_ and assigned
is amendment is submitted to amend the follow	ving:			
. If amending name, enter the new name of t	<u>he limited liab</u>	oility company here:		
e new name must be distinguishable and contain the wo	de "Limited Lighi	div Campany" the decignati	ion "Li (" or the abbr	eviation "LLC"
nter new principal offices address, if applical		5741 Volsella PL	ion lie of the above	eviation E.E.C.
Principal office address MUST BE A STREET ADDRESS)		Sarasota, FL 34231	-	
				7019DEC
nter new mailing address, if applicable:		5741 Volsella PL		. C
lailing address MAY BE A POST OFFICE B	<u>OX)</u>	Sarasota, FL 34231	-	· · ·
				3
If amending the registered agent and/or regent and/or the new registered office address		address on our records	s, enter the name	⊕ i : :
Name of New Registered Agent:	Luke Smith			_
New Registered Office Address:	5741 Volsella		<del>-</del>	
		Enter Florida stre	et address	
	Sarasota		, Florida	1
		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

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>	Type of Action
MGR	Jeffrey Clousson	5741 Volsella PL	□Add
		Sarasota, FL 34231	□Remove
			□Add
			□Remove
			□Change
			[]Add
			□Remove
			□Change
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Effective (	ate, if other than the	e date of filing	<u>u:</u>			(optional)	
Note: If th	ate, if other than the date is listed, the date mu e date inserted in this b effective date on the E	lock does not n	neet the applica	o date of filing o ble statutory fi	r more than 90 day ling requirement	s after filing.) Pursuar s, this date will not	nt to 605,0203 be listed as
ne record The 90t	specifies a delaye h day after the rec	d effective do	late, but not	an effective	e time, at 12:	01 a.m. on the	earlier o
	5/2019		12:37	_ ·			
Dated	<u>-</u>	XMIA	'AAI_				
Dated 11/2		Signature of a 1	nember or autho	rized representat	ive of a member		

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Filing Fee: \$25.00