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COVER LETTER

i **T**

TO: Registration Division of C				
JJ Real E SUBJECT:	Estate Services, LLC			
Name of Limited Liability Company				
The enclosed Articles o	of Amendment and fee(s) are sub	omitted for filing.		
	pondence concerning this matter			
	Jonathan Jeswald			
	Name of Person			
	JJ Real Estate Services, LI	LC		
		Firm/Company		
	179 Edge Ave, Unit A			
		Address		
	Valparaiso, FL 32580			
		City/State and Zip Code		
	Jonathanjeswald@jjemerale			
For further information	E-mail address: (a concerning this matter, please c	to be used for future annual report notifica	ition)	
	reoncerning this matter, prease e			
Candy Gilman	7.0	850 830-8826 at ()	elephone Number	
Name	e of Person	Area Code Daytime To	elephone Number	
Enclosed is a check for	r 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 (additional copy is enclosed)	
	ILING ADDRESS:	STREET/COURIER	RADDRESS: 2	
Registration Section Division of Corporations		Registration Section Division of Corporation	ons · · · · ·	
P.O.	Box 6327 ahassee, FL 32314	Clifton Building 2661 Executive Cente Tallahassee, FL 3230	er Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JJ Real Estate 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 May 24, 2017 _____ and assigned Florida document number __L17000114790 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Jonathan Jeswald- JJ Real Estate Services, LLC. 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

New Registered Agent's Signature, if changing Registered Agent:

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:

	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			☐ Remove
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. If amending any other in	formation, enter change(s) here: (Attach ad	lditional sheets, if necessary.)
		
		
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	<u> </u>	
Note: If the date inserted in	date must be specific and cannot be prior to date of filing	(optional) or more than 90 days after filing.) Pursuant to 605.0207 (3 filing requirements, this date will not be listed as the
the record specifies a co) The 90th day after t		ve time, at 12:01 a.m. on the earlier of:
Dated July 13	2017	· · · · · · · · · · · · · · · · ·
Dated	ndu la Monan	
	Signature of a member or authorized represent	ative of a member
Candy J Gilman		· · · · · · · · · · · · · · · · · · ·
	Typed or printed name of sign	ee

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Filing Fee: \$25.00