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(Re	questor's Name)	
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COVER LETTER

Divi	ision of Corp	orations		
SUBJECT:	JEEVES RE			
			ted Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please return	all correspor	idence concerning this matter t	to the following:	
		PAUL HARLEY		
			Name of Person	
		JEEVES REALTY LLC		
			Firm/Company	
		7978 LAKE WILSON RD		
			Address	
		DAVENPORT, FLORIDA	33896	
		PAUL @JEEVESFLORIDA	City/State and Zip Code ARENTALS.COM	
		E-mail address: (to	o be used for future annual report n	otification)
For further in	iformation co	ncerning this matter, please ca	ılt:	
PAUL HAR	LEY		407 704-8986	EXT 1004
	Name of	Person	Area Code Dayt	ime Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	iling 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 ADDRESS:

TO:

Registration Section

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

		٠.		. 7.17				• • •		1		· •
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(Name of the Lim	ited Liability Company as it now apper (A Florida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited I Florida document number L17000158355	Liability Company were filed on $\frac{0}{2}$	7/24/2017	_ and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability company b	<u>iere</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
			2019
Enter new mailing address, if applicable:		20 <u>20 2</u> 5	2019 AUG 15
(Mailing address MAY BE A POST OFFICE	<u> </u>	(g) (G) (F) (F)	A
B. If amending the registered agent and registered agent and/or the new registered of	• •	n our records, enter th	~
Name of New Registered Agent:	PAUL HARLEY		_
New Registered Office Address:	7978 LAKE WILSON RD		
	Enter Flo	orida street address	
	DAVENPORT	, Florida 33890)
	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

Title	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
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			□ Remove
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<u>Note:</u>	ve date, if other the ective date is listed, the If the date inserted in ent's effective date o	n this block does n	ot meet the applica	able statutory filing	(optio ore than 90 days after requirements, this	nal) filing.) Pursuant to 605.02 date will not be listed
ne rec The	ord specifies a d 90th day after ti	elayed effectiv he record is file	re date, but no ed.	t an effective ti	me, at 12:01 a	.m. on the earlier
	AUGUST 12TH		2019			
Dated '			•	 ·		
Dated [Paul A	Hale	1		
Dated [Faul A	of a member or author	fized representative of	of a member	

Page 3 of 3

Filing Fee: \$25.00