# L17000185956

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#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Jeff and G Enterprises LLC  Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Jeff Richardson Name of Person	
Jeff and 6 Enterprise LLC Firm/Company	
542 Plaza Seville Court	
Treasure Island FL. 33706  City/State and Zip Code	
jeff@pmi home Sweet home. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Teff Richardson at (817) 300 - 2589  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee	Status &

### MAILING ADDRESS:

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 ARTICLES OF ORGANIZATION

	OF	רושי	107 20	ı
Taff of G	i Angar (4)	117 -0146	OT 25 PHUZ	2.07
Jeff and 6 [= (Name of the Limited Liability (A Florida	ty Company as it now appe	ears on our records.)	1.70 (1). 7.15 (5, 17)	11.7-
		, i i	' 9'	777
The Articles of Organization for this Limited Liability C	ompany were filed on _	8/30/17	and as	signed
Horida document number <u>L 1700518595</u>	<u>(C.</u>			1
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the lim</u>	ted liability company	<u>here</u> :	Í	1
			<u>_</u>	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the	e designation "LLC" or	the abbreviation 'fl	L.C,"
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDR	RESS)			
Enter new mailing address, if applicable:		<u>.</u>		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		·	
				<u> </u>
			1.	
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		on our records, <u>ei</u>	iter the name	of the new
registered agent and/or the new registered office add	icss nege.		1	
Name of New Registered Agent:				
Name of New Registered Agent.			<del></del>	<del>                                     </del>
New Registered Office Address:	Fut.m E	lorida street address		<u> </u>
	White L	uriaa sireet aaaress		
	City	Florid	aZip Code	<u> </u>
New Registered Agent's Signature, if changing Registere	•		2.42 Colle	
			1	
hereby accept the appointment as registered agent provisions of all statutes relative to the proper and cuccept the obligations of my position as registered apeing filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance ( gent as provided for in	of my duties, and L Chapter 605, F.S.	am familiar w Ör, if this doc	ith and annent is
				1

If Changing Registered Agent, Signature of New Registered Agent

MGR = N	from our records:		
	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jeff Richardson	512 Plaza Ser	ille Crt DAdd
		Treasure Isla	ille C1+ DAdd  Al, FL 35704 PRemove
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			Add
			□ Remove
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in effective date is b ote: If the date in	other than the date isted, the date must be sp iscrted in this block d we date on the Departi	pecific and cannot be process not meet the app	ior to date of filing or me dicable statutory filing ds.	ore than 90 days afte	ional) r filing.) Pursuant is date will not b	to 605,0207 (3 e list <b>e</b> d as th
	ies a delayed effo after the record i		not an effective t	me, at 12:01	a.m. on the $\epsilon$	earlier of:
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	500		thorized representative	Camanhar		_
	Signa	ature of a member of at	unorizeo representative	or a member	·	

Page 3 of 3

Filing Fee: \$25.00