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COVER LETTER

J & S Enterprize SUBJECT: ____ 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: Julia Stoker Name of Person J & S enterprize Firm/Company 1316 NE 22nd Street Address Ocala, Florida 34470 City/State and Zip Code jsenterprizellc@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Julia Stoker Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. □ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

TO:

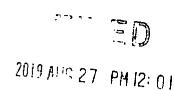
Registration Section Division of Corporations

> 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



J & S ENTERPRIZE, L.L.C.		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	•
The Articles of Organization for this Limited Liability Company	were filed on10/06/2017	and assigned
Florida document number L17000207478		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1316 NE 22nd Street	
(Principal office address MUST BE A STREET ADDRESS)	Ocala, Florida 34470	
Enter new mailing address, if applicable:	1316 NE 22nd Street	
(Mailing address MAY BE A POST OFFICE BOX)	Ocala, Florida 34470	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	<u>e</u> :	nter the name of the
-	Enter Florida street address	
	, Florid	aZip 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>	Address	Type of Action
MGR Sonja M Stoker	Sonja M Stoker	1612 NE 25th Ave Lot # 6 ocala Fl 34470	
			Remove
			☐ Change
			Add
			☐ Remove
			Change
. 			
			☐ Remove
			☐ Change
			□ Remove
			Change
			Add
			Remove
			☐ Change
			□ Add
		·	□ Remove
			☐ Change

II ams	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
-	
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,	
Note:	tive date, if other than the date of filing: [Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (I the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
the re) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	Signature of a member or authorized representative of a member
	Julia Stoker Typed or printed name of signee

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Filing Fee: \$25.00