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## **COVER LETTER**

	Registration Se Division of Cor			
	Jus Jerk LI			
SUBJEC	Jr:	Name of Lim	ited Liability Company	<del></del>
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Cheryl Walters		
			Name of Person	10 <sup>1</sup>
		Jus Jerk L.J.C		
			Firm/Company	
		3936 Jenita Dr		
		· · · · · · · · · · · · · · · · · · ·	Address	
		Palm Harbor Florida 3468	5	
			City/State and Zip Code	<del></del>
		jusjerk0@gmail.com		
		E-mail address: (	to be used for future annual report noti	fication)
For furth	er information c	oncerning this matter, please ca	all:	
Cheryl V	Valters		727 559-1768	
	Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	00 Filing Fec	□ \$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)
	Registr	ING ADDRESS:	STREET/COURI Registration Section	on
	P.O. Bo	on of Corporations ox 6327 assee, FL 32314	Division of Corpor Clifton Building 2661 Executive Ce	

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2017 NOV -6 PH 12: 13 SECRETARY OF STATE ALLAHASSEE. FLORIDA

JUS JERK LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability.  N/A  The new name must be distinguishable and contain the words "Limited Liability.  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	
N/A The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable:	lity Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
• • •	N/A
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, <u>enter the name of the new</u> <u>e</u> :
Name of New Registered Agent: N/A	
New Registered Office Address:  N/A	Enter Florida street address
	rsuer r wriaia street daaress
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	vay Zap Code

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	Lloyd Walters	4180 Neptune Dr SE	
		St Petersburg FL33705	<b>■</b> Remove
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary)    Company   Company   Company
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OC4	November 9, 2017
anef	ive date, if other than the date of filing:
iote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nent's effective date on the Department of State's records.
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e re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o
The	90th day after the record is filed.
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ated	November 15th . 2017.
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	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00