

L17000230796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

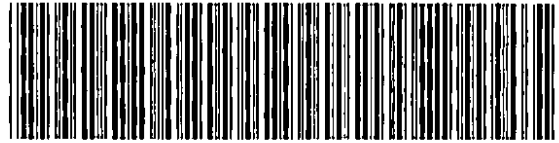
(Business Entity Name)

(Document Number)

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STATE

MAR 07 2019

FILED
MAR 26 AM 10:36
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Amend

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JUG CREEK VENTURES 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:

KIMILA GRIMES-DINEEN

Name of Person

Firm/Company

4985 MEDERIA LANE

Address

ESTERO, FL 33928

City/State and Zip Code

KKDINEEN126@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KIMILA GRIMES-DINEEN

at (239) 218-8153

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing 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:
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

KGD

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

JUG CREEK VENTURES 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 11/07/2017 and assigned
Florida document number L17000230796.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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: KIMILA GRIMES-DINEEN

New Registered Office Address: 4985 MEDERIA LANE

Enter Florida street address

ESTERO


City

Florida 33928

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

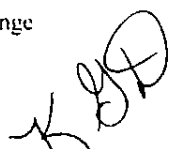


If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member


<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MICHAEL DINEEN	4985 MEDERIA LANE	<input type="checkbox"/> Add
		ESTERO, FL. 33928	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KIMILA GRIMES-DINEEN	4985 MEDERIA LANE	<input checked="" type="checkbox"/> Add
		ESTERO, FL. 33928	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change



[illegible]

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

 Sara Garcia
Signature of a member or authorized representative of a member

Typed or printed name of signee