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	Fax Number	: (850)617-6383	, -	, ,
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From:				_
	Account Name	: WATSON SLOANE JOHNSON PLLC.		
	Account Numbe	r : I20150000117	•	
	Phone	: (407)622-6751		
	Fax Number	: (866)440-1211	•	
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Corporate Filing Menu

Help



From: Jessica Dalziel

ARTICLES OF AMENDMENT

TO

2020-12-18 14:34:03 GMT

,	ARTICLES OF ORGANIZATION
	OF
ب	
JC&BB CONSULTING, LI	LC .
(Name of th	a Limited Liability Company as it now appears on o

(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records da Limited Liability Company)	<u>,</u>)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on 12/07/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	nited liability company here:	2925 DI
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC"	or the abbreviation."L.L.C."
Enter new principal offices address, if applicable:		<u>ස</u> .
(Principal office address MUST BE A STREET ADD	ORESS)	
		<u> </u>
		> in
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:		he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida sircei address	
	, Flor	
	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 statues 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 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

Page: 4 of 5

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Shawn Anthony King	12464 Park Avenue	≣Add
		Windermere, FL 34786	☐Remove
			□ Change
			□Add
			□Remove
			Change
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			□Add
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