L17000255422

(Red	questor's Name)	
(Add	fress)	
(Add	dress)	
(City	/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nam	e)
(Doc	cument Number)	<u>_</u>
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

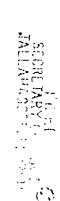
Office Use Only



900306767219

12/21/17--01012--018 **50.00

17 DEC 29 AHTH: 19



COVER LETTER

TO:	Registration Sec Division of Corp	tion orations		
		Jones Prout LLC		
SUBJEC	TF:	Name of Limi	ted Liability Company	
The encl	osed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please re	turn all correspon	dence concerning this matter t	to the following:	
		Mery Hilda Jones-Prout		
			Name of Person	
		Mery Hilda Jones Prout LL	.C	
			Firm/Company	
		5391 W 8th Avenue		
			Address	
		Hialeah, FLorida 33012		
			City/State and Zip Code	
		mjonesp@gmail.com		
			to be used for future annual report notific	auon)
For furth	er information co	ncerning this matter, please ca	all:	
Mery H	ilda Jones-Prout		305 790-7806 at () Area Code Daytime	Telephone Number
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	d is a check for th	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mery Hilda Jones Prout LLC		
(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	irs on our records.)	
The Articles of Organization for this Limited Liability Company were filed on $\frac{1}{2}$		
Florida document number L17000255422		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company h	<u>iere</u> :	
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)	<u> </u>	- (-)
	<u>(")</u>	: [] -] . -
	2	
Enter new mailing address, if applicable:	Fr.	<u></u>
(Mailing address MAY BE A POST OFFICE BOX)		<u>.: :-</u>
		<u></u>
		`
B. If amending the registered agent and/or registered office address or registered agent and/or the new registered office address here:	on our records, enter the name of the	e nev
registered agent and/or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address: Enter Fl	orida street address	
	, Florida	
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 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>	Type of Action
AMBR	Mery Hilda Jones-Prout	5391 West 8th Avenue Hialeah, FL	Add
			□ Remove
			Change
			C Remove
			Change
			[] Add
			Remove
			Change
			Remove
			Change
			Add
			□ Remove
			☐ Change
			D Add
			Remove
			□ Change

		_
		-
		_
		_
-		
		_
		-
		<u>*</u> _ To
	7	- ارا دران
)Ec	- (i
	2	ن ان ان
		•
		_ ;
		_
		_
		-
fective date, if other than the date of filing:	(optional)	
n effective date is listed, the date must be specific and cannot be ste: If the date inserted in this block does not meet the ap- cument's effective date on the Department of State's reco-	prior to date of filing or more than 90 days after filing.) Pursuant to 60 oplicable statutory filing requirements, this date will not be listered.	05.020 sted a
record specifies a delayed effective date, but The 90th day after the record is filed.	t not an effective time, at 12:01 a.m. on the ear	lier (
Men Jones - 201 Signature of a member or	17 .	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00