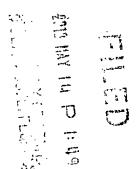
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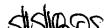
(Requestor's Name)
(Address)
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(1001033)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Basiliss Ellity Hallis)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## **COVER LETTER**

SUBJECT:	JA and MB	V LLC				
SUBJECT.	_ <del>-</del>	Name of Limi	ted Liability Company			
		mendment and fee(s) are subi				
Please return	all correspon	dence concerning this matter	to the following:			
		Maryann Blum				
			Name of Person		<del></del>	
		Appelt & Associates, CPA	s			
Firm/Company						
	1811 N Belcher Rd, Suite I-2					
		Address				
		Clearwater, FL 33765			ħ.i	
		maryannb@anacpa.com	City/State and Zip Code		r 4	ria t. 7 Cai
			to be used for future annual r	eport notification)		77.5% 78.50 
For further in	nformation co	ncerning this matter, please ca	all:			
Maryann Bl	um		727 799	9-5444		<u> </u>
	Name of	Person	Area Code	Daytime Telephor	ne Number	2
Enclosed is	a check for the	e following amount:				
■ \$25.00 F	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enc)		\$60.00 Filing Fee, Certificate of State Certified Copy (additional copy is end	

Registration Section
Division of Corporations

TO:

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

JA and MB IV LLC					
(Name of the Limi	ted Liability Compa (A Florida Limited L	ny as it now appears on our rec liability Company)	ords.)		
The Articles of Organization for this Limited L Florida document number L17000260608	iability Company	were filed on December 22,	2017	_ and ass	igned
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	of the limited liabi	ility company here:			
SH Motel LLC					
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designation "	LLC" or the abbre	viation "L.	L.C."
Enter new principal offices address, if applic	4 Tern Cove				
(Principal office address MUST BE A STREE		Safety Harbor, FL 34695			
Enter new mailing address, if applicable:		4 Tern Cove	Frank .	[ ~ "] { m; m ob [ ~ 2.5]	mings;
• • • • • • • • • • • • • • • • • • • •	ame, enter the new name of the limited liability company here:  e distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  pal offices address, if applicable:  ### A Tern Cove  Safety Harbor, FL 34695  ### A Tern Cove  Safety Harbor, FL 34695  ### A Tern Cove  Safety Harbor, FL 34695  ### Tern Cove  May BE A POST OFFICE BOX  ### Michele Ritchie  ### Michele Ritchie  ### Michele Ritchie  ### Tern Cove  ### Michele Ritchie  ### Tern Cove				
Indumg dudress mar be a rost of free	<u> </u>		<u></u>	Ē	
			ords, enter th	e name	of the new
		_	. امد		
Name of New Registered Agent:	Michele Ritchie	······································			· · · · · ·
New Registered Office Address:	4 Tern Cove				
		Enter Florida street aa	dress		
	Safety Harbor		, Florida <u>3469</u>	5	
		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.

Michely 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	JA and MB Group LLC	1811 N Belcher Rd, Ste I-2	Add
		Clearwater, FL 33765	■ Remove
			Change
MGR	Safety Harbor Motel, LLC	4 Tern Cove	
		Safety Harbor, FL 34695	□ Remove
			☐ Change
			Add
			Remove Change
			Add 3
			Change
			Add
			☐ Remove
			Change
			☐ Remove
			□ Change

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ective date, if other than the date of filing:	(optional)	
n effective date is listed, the date must be specific and cannot be prior to date of fine:  If the date inserted in this block does not meet the applicable statute cument's effective date on the Department of State's records.	iling or more than 90 days after filing.) Pursuant to ory filing requirements, this date will not be l	605.02 isted
record specifies a delayed effective date, but not an effe The 90th day after the record is filed.	ective time, at 12:01 a.m. on the ea	rlier
ted,		
Synature of a member or authorized representation of the second s		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00