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SECRETARY OF STATE

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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 19, 2018

JILL E. NORBURN 1536 CRANSTON ST WINTER SPRINGS, FL 32708

SUBJECT: JIL E. NORBURN, LLC Ref. Number: L17000262354

We have received your document for JIL E. NORBURN, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Brittany M Figueroa Regulatory Specialist II Registration/Qualification Section

Letter Number: 918A00005476

RECEIVED

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BEPARTMENT OF STATE

COVER LETTER

TO:	Registration Sect Division of Corpo			
SUBJE	ст:	E. Norburn Name of Limi	LLC ted Liability Company	
The end	closed Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please 1	eturn all correspond	lence concerning this matter	to the following:	
		J911 E.	Norburn Name of Person	
		J111 E.	Norburn, LLC Firm/Company	
		1536 Cra	nstan Street Address	** ·
			Springs, FL 32 City/State and Zip Code Out to be used for future annual report notif	2708 jill Cnorburn. net
For fur	ther information con	ncerning this matter, please ca	ıll:	
	J?\\ E. Name of I	Norburn	at (407) 832 Area Code Daytime	-5654 Telephone Number
Enclose	ed is a check for the	following amount:		
□ \$ 2:	5.00 Filing Fœ	\$30.00 Filing Fee & Certificate of Status CL # 904 3-13-16	☐ \$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

ste. Was missing an ARTICI	LES OF O		ATION			
1.	OF	l'				
JOI E. Norburg (Name of the Limited L	LLC iability Compan lorida Limited Li	v as it now an ability Compa	pears on our res	cords.)		
The Articles of Organization for this Limited Liabilifordida document number <u>L17000 262354</u>		vere filed on	12/2	7/2017	and assigned	
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of the Norburn The new name must be distinguishable and contain the words	110			LLC" or the al	obreviation "L.L.C."	
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	e:	<u> 1911</u> <u>650</u>	E. N	ochurr	Wenert Grail, Suite 105	<u>ou</u> pReal
Enter new mailing address, if applicable:		<i>III.</i>	E, No	ocbuch	<u> </u>	_
(Mailing address MAY BE A POST OFFICE BOX)		_ 1536	2 Crans	ton St	reet	
•		MYN	rer Spri	rgs, FL	reet 32708	
B. If amending the registered agent and/or registered agent and/or the new registered office			on our rec	ords, <u>enter</u>	the name of the	: new
Name of New Registered Agent:	. We	mert	Group	Real	ity	<u></u>
New Registered Office Address:			afaya Treel ad		,	_
-	Orla	ondo City		, Florida	32828 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 the document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited public company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered

or removed from our records: MGR = Manager AMBR = Authorized Member **Title** Name **Address Type of Action** _ Add ☐ Remove ☐ Change ☐ Remove □ Change _□ Add □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add □ Remove

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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an effecti ote: If t ocument	date, if other than the date of filing:	will not be lis	ited as t
Γhe 90	th day after the record is filed.		
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ted	March 13, 2018.		
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ited	JULE Mobium Signature of a member or authorized representative of a member		DECKE
ated	JULE Mobium Signature of a member or authorized representative of a member	18 HAR 30	DECKETARY
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Filing Fee: \$25.00