

L18 000 133 138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

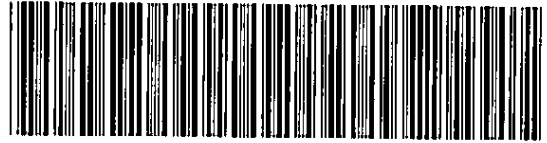
(Business Entity Name)

(Document Number)

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19 MAY 17 PM 5:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 03 2019

T SCHROEDER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JGG ENTERPRISE 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:

JOEL GONZALEZ

Name of Person

JGG ENTERPRISE LLC

Firm/Company

3230 10TH AVE

Address

NAPLES FL 34117

City/State and Zip Code

GUAJIRO11@YAHOO.COM

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

For further information concerning this matter, please call:

JOEL GONZALEZ

239 8251596
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

JGG ENTERPRISE 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 05/29/2018 and assigned
Florida document number L18000133138.

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:

New Registered Office Address:

Enter Florida 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>	<u>Type of Action</u>
AP	JOEL GONZALEZ SR	3230 10TH AVE SE	<input type="checkbox"/> Add
		NAPLES FL 34117	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOEL GONZALEZ	3230 10TH AVE SE	<input type="checkbox"/> Add
		NAPLES FL 34117	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOEL GONZALEZ	3230 10TH AVE SE	<input checked="" type="checkbox"/> Add
		NAPLES FL 34117	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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 19 MAY 17 PM 5:19
 CLERK OF STATE
 TALLAHASSEE, FLORIDA

19 MAY 17 PM 5:19
SHERIFF'S OFFICE
TALLAHASSEE, FLORIDA

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19 MAY 17 PM 5:19
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

AY 8

(X) [Signature]

JOEL GONZALEZ

Filing Fee: \$25.00