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COVER LETTER

	Registration Se Division of Cor			
eum iez		r Realtor, LLC		
SUBJEC	1;	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		Bill Ramsey, EA		erson Ipany Iss Zip Code Ire annual report notification) 481-2305 Code Daytime Telephone Number In Section Sec
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		J & S Accounting and Tax		
		***	Firm/Company	
		P O Box 2310		
			Address	
		Hawthorne, FL 32640		
		admin@jnstax.com	City/State and Zip Code	·
		E-mail address: (to be used for future annual report notif	fication)
For furthe	er information c	oncerning this matter, please ca	all:	
Bill Ram	<u> </u>		352 481-2305	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &

MAILING ADDRESS: Registration Section

TO:

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



Jane Palmer Realtor, 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 w	vere filed on June 04, 2018	and assigned
Florida document number L18000138621		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
Jane Palmer, LLC	_	
The new name must be distinguishable and contain the words "Limited Liability	y 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 here: Name of New Registered Agent:		r the name of the new
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	
	, Florida _	Zin Code
New Registered Agent's Signature, if changing Registered Agent:	VII.	ng cou
	and the state of t	and the second second second second
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am rovided for in Chapter 605, F.S. Oi	n familiar with and r, if this document is

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added FILED 18 AUG 24 AH 1:30 or removed from our records: MGR = Manager AMBR = Authorized Member <u>Address</u> Type of Action **Title** <u>Name</u> _□ Add ☐ Remove _□ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change _□ Add _□ Remove _□ Change _□ Add □ Remove ☐ Change _□ Add □ Remove _□ Change

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Note: If the	ite, if other than the date is listed, the date in date in this leffective date on the	plock does not	meet the appli-	cable statutory fil	more than 90 d ing requireme	_(optional) ays after filing.) l nts, this date w	Pursuant to 605.0207 ill not be listed as
	specifies a delayon anday after the re			ot an effective	e time, at 1	2:01 a.m. o	n the earlier of
Dated		01-20	18				
	\sim	0	. <u>'18</u>	norized representati			

Page 3 of 3

Filing Fee: \$25.00