

L18000155220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

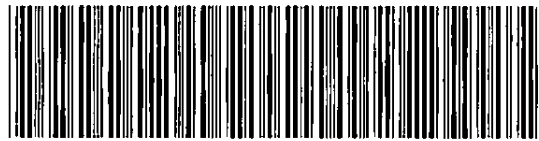
Name

Document Number

Date

Signature

Office Use Only



700435720597

00/30/24--01021--021 **25.00

2024 SEP 24 AM 7:59
TALLAHASSEE, FL

FILED

4/13

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jason Brase 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:

Jason Brase
Name of Person

Jason brase LLC
Firm/Company

475 Bruce Ave
Address

Defuniak Springs FL 32435
City/State and Zip Code

Jasonbrase1995@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Brase at (850) 635-1614
Name of Person Area Code Daytime Telephone Number

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Jason Brase LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2024 SEP 24 AM 7:59

The Articles of Organization for this Limited Liability Company were filed on 06/25/2018 and assigned
Florida document number L18000155220

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

J.P.B. Residential services LLC
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:

N/A
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A
(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:

N/A
New Registered Office Address:

N/A
Enter Florida street address

City

Florida

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.

N/A
If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member


[illegible]

[illegible]

(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.

Dated 9/19/2024,


Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Jasen Brase

Typed or printed name of signee

Filing Fee: \$25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 6, 2024

JASON BRASE
475 BRUCE AVE
DEFUNIAK SPRINGS, FL 32435

Ref. Number: 700435720597

We have received your document for and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You did not provide a name and document. You did not sign and date the amendment.

Our records show no entity by this name.

Please return 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) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 924A00020015

