

L18 000 233 859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

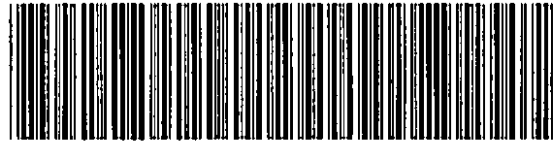
(Business Entity Name)

(Document Number)

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NOV 23 2020

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FILED
CLERK OF STATE
CORPORATIONS
20 NOV 23 AM 8:28

Name Change

JAN 14 2021

D. CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JLBJR Enterprises 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:

Steven Strigler

Name of Person

JLBJR Enterprises LLC

Firm/Company

3000 Bayport Drive- Suite 400

Address

Tampa, FL 33607

City/State and Zip Code

steve.strigler@besnardinsurance.com

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

For further information concerning this matter, please call:

Steven Strigler

813
at () Area Code

694-7575

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☒ \$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 Address:

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

FILED
DIVISION OF STATE
CORPORATIONS
NOV 23 AM 8:28

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

JLBJR Enterprises LLC

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

FILED
20 NOV 23 AM 8:28
CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/2/2018 and assigned
Florida document number L18000233859

This amendment is submitted to amend the following:

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

Besnard Insurance 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:

(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

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.

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.

 
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00