# L18000245598

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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#### **COVER LETTER**

· Division of Cor	porations		
All About F	Rustic IIc		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	John Lopez		
	<u></u>	Name of Person	
	All About Rustic		
		Firm/Company	· <del></del>
	11045 sw 128th ct		
		Address	<del></del>
	Miami FL 33186		
		City/State and Zip Code	
	jjproducts18@gmail.com	to be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca		•••••
john lopez		305 213-1113 at ()	
Name o	of Person		Telephone Number
Enclosed is a check for t	he 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 Addre		Street Address: Registration Sec	tion

Registration Section
Division of Corporations

TO:

**Registration Section** 

Tallahassee, FL 32314

P.O. Box 6327

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

C

		₹ 2-2
All About Rustic LLC		ا] جمع
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.)	<u> </u>
(A Horida Cimica C	nability Company)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L18000245598		ج ج
Torida document numoci		12
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
JL PROPERTY HOLDINGS LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" o	or the abbreviation "L.L.C."
n		
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		<del></del>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	<u> </u>	
B. If amending the registered agent and/or registered office a	iddress on our records, <u>enter th</u>	ie name of the new register
agent and/or the new registered office address here:		
Name of New Registered Agent:		
Name Descriptional Office Address:		
New Registered Office Address:	Enter Florida street address	
		• •
	, Flor	ida
		···

#### 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>	Address	Type of Action
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fective date, if other than the	date of filing	<b>σ•</b>			(optic	nal)	
un effective date is listed, the date must ote: If the date inserted in this bl	st be specific and	cannot be pric	or to date of fil cable statuto	ing or more the	ın 90 days after	filing.) Pu	rsuant to 605
cument's effective date on the D				7			
record specifies a delayed	d effective d	late. but n	ot an effe	ctive time.	at 12:01 a	.m. on	the earli
The 90th day after the rec	ord is filed.					,	
August 21st		2022					
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