18000 257 755

(Requestor's Name)	-
(Address)	_
(Address)	-
(City/State/Zip/Phone #)	_
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:]
4055	
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FLORIDA DEPARTMENT OF STATE 2020 - He 2:52 Division of Corporations The filled cut form it filled to the indicated it

August 23, 2020

JAKIAH RUSSELL J3RUSSELL LLC 575 NE 162ND STREET MIAMI, FL 33162

SUBJECT: J3RUSSELL LLC Ref. Number: L18000257755

We have received your document for J3RUSSELL LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN, but your entity is a FLORIDA. Please complete and return the enclosed blank form(s).

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.

Shelia H Young Regulatory Specialist II

Letter Number: 920A00016081

COVER LETTER

•	•		
TO:	Registration Section		
	Division of Corporations		

. . . .

SUBJECT:	J3Russell	LLC.
	Name of L	imited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jakiah Russell Name of Person	
Firm/Company	
575 NE lleand St Address	
City/State and Zip Code	-
E-mail address (to be used for future annual report notification)	

Davime Telephone Number Area Code lame of Person

Enclosed is a check for the following amount:

El \$25.00 Filing Fee

S30.00 Filing Fee & Certificate of Status

\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee.
Certificate of Status &
Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF /	AMENDMENT
TO TO)
ARTICLES OF O	RGANIZATION
OI <u>J3Russel</u> (<u>Name of the Limited Liability Compan</u> (A Florida Limited L. The Articles of Organization for this Limited Liability Company of Florida document number <u>L18000257755</u> .	LC w as it now appears on our records.) SP B ability Company) B B B
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "ELC" of 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 a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>

Name of New Registered Agent:	Jakiah Ru	ussell
New Registered Office Address:		la sirect address
	Mami	FloridaZip 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.

Jelach Russell

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person-being added</u> or removed from our records:

٠

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Cheurlie Russell	575 NE 162 nd St, Miumi, FL 3316 AMBR	2 Add
		AMBR	Remove
			TlChange
MGR	Jamiah Russell	575 NE ILard St. Miami, FL 3316	uz Trad
		Authorize lepresentive	T Kemove
			DChange
]Add
			[]Remove
			[] Change
·			IIAdd
			E ERemove
			[]Change
			□Add
		· · · · · ·	🗌 Remove
		- - 	, lChange
			Tadd
			l IRemove
			[]IChange

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. . . .

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

-

E. Effective date, if other than the date of filing: _________(optional) (h'an effective date is listed, the date must be specific and cannot be prior to date of tiling or more than 90 days after tiling.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 _	Sept 2 2020	
	Signature of smember or authorized representative of a member	
	Signature of ameniber or authorized representative of a member	
	Jakiah Russell	
	Typed or printed name of signee	

Elling Page \$75.00