Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REED MAWRINNEY & LINK, PLLC

Account Number : 120180000105 Phone : (863)687-1771 Fax Number : (863)687-1775

**Enter the email address for this business entity to be used for £9 about report mailings. Enter only one email address please.

Email Address: Will & WIKINGSHER, COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JABA FL ENTERPRISES, LLC

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Fax Server



January 31, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

JABA FL ENTERPRISES, LLC 920 HART LAKE COURT WINTER HAVEN, FL 33884

SUBJECT: JABA FL ENTERPRISES, LLC

REF: L19000013299

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing coversible.

The name of the entity listed on the fax cover sheet and the name of the entity listed in the document must be identical. Please amend the document or the fax cover sheet accordingly.

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) 245-6051.

Karen A Saly Regulatory Specialist II FAX Aud. #: E19000035629 Letter Number: 019A00002250

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

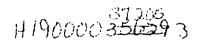
JABA FL ENTERPRISES, LLC	716.2744	
(Name of the Limited Lan (A Plo	hili(y Company as it now appears on our records.) rids Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L19000013299	and assigned	
This amondment is submitted to amend the following		
A. If amending name, enter the new name of the l	imited liability company here:	2018 J
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" o	r the abbreviation "Las-C."
Enter new principal offices address, if applicable:		SS 3
(Principal office address MUST BE A STREET AD	DRESS)	- 19 3 - 1
		III: 20
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amonding the registered agent and/or re registered agent and/or the new registered office a Name of New Registered Agent: New Registered Office Address:	iddress here:	enter the name of the new
	Enter Florida street address	
	, Flori	
	City	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

Page 1 of 3



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 = M $AMBR = A$	anager uthorized Member		
Title	Name	Address	Type of Action
MGR	M. Jason Robbins	920 Hart Lake Court	☐ Add
		Winter Haven, FL 33884	■ Remove
			☐ Change
MGR	Michael J. Robbins	920 Hart Lake Court	Add
		Winter Haven, FL 33884	□ Remove
			Cha Cha
			
			FLORED:
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			☐ Remove
			Change
			C Remove
			Change
			☐ Add
			□ Remove



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Efective date, if other an effective date is listed, to lote: If the date inserted ocument's effective date	i in in:s diock does	not meet me ap	եստորո Հայաս	ing or more than 90 or ry filing requireme	_ (optional) lays after filing.) ents, this date v	Pursuant to will not be	605.0207 (listed as t	(3)(b) he
e record specifies a The 90th day after	delayed effect the record is f	lve date, but iled.	not an effec	tive time, at 1	.2:01 a.m. (on the ea	rlier of:	
January 30	^	2019		,				
		M	M	A			_	
	Signatur	e of a member or	nuthorized repres	entitive of a membe	ī			

Filing Fee: \$25.00