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(R	Requestor's Name)	
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(C	City/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: JETTS PLACE, LLC	
Name of Limited Liability	Company
The enclosed Articles of Amendment and fee(s) are submitted for fi	ling.
Please return all correspondence concerning this matter to the follow	ving:
TERRANCE h	11 LUAMS
JETTS BBQ, I	1C
l'irm/	Company
2734 KEENE	PARKDR
Ad	dress
LARZGO, FL 33	'17 <i>1</i>
City/State	and Zip Code
LARZGO, FL 33 City/State  +WILLiettsite  E-mail dediress: (to be used for	gmail. Com  duture annual report notification)
For further information concerning this matter, please call:	
TERRANCE WILLIAMS  Name of Person  A	727) 641 - 2739
Same of Person A	rea Code Payone Telephone Number
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Enclosed is a check for the following amount:	
	fied Copy Certificate of Status &
(additi	onal copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address:  Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee
Tananassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARTICLES OF U	RGANIZATION 👼 😁
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JETS PLACE  (Name of the Limited Liability Compar (A Florida Limited Liability Compar)	E, LLC  av as it now appears on our records.)  All All All All All All All All All Al
ARTICLES OF O  JETS PLACE  (Name of the Limited Liability Company (A Florida Limited L  The Articles of Organization for this Limited Liability Company Florida document number 83-3711471  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability	were filed on 2/8/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of the limited liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name of the limited liability of the new name of the liability of the new name of the liability of the new name of the new	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2734 KEENE PARK DR. LARGO, FL 33771
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2734 KEENE PARK DR. LANGO, FL 33771
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 registere</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
	, Florida

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 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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reffective date is listed, the date:  If the date inserted in the date inserted in the date inserted in the date on the date of the date o	Jenance Signature of a r	e Lilliam member or authorized		mber	FALLAH	2022 MAY