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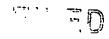
COVER LETTER

TO:

Registration Section

Division of Corporations JC Enterprise Consulting Group LLC SUBJECT: ____ 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: Jaclin Creighton Name of Person Firm/Company 2471 NW 81st Terrace Address Miami FL 33147 City/State and Zip Code jcenterconsultinggroupllc@writeme.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jaelin Creighton 7548021697 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF



JC ENTERPRISE CONSULTING (GROUP LLC		2019 SFD 16 AM 8:41
(Name of the Limit	ed Liability Company as it no (A Florida Limited Liability C	ow appears on our reco ompany)	rds.)
The Articles of Organization for this Limited Li L190000034094 Florida document number		02/04/2019	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited liability con	npany here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Compa	nny." the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applications of the second of th	N/A		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u></u>		
B. If amending the registered agent and/ registered agent and/or the new registered of		dress on our recor	ds, enter the name of the r
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street addr	ress
		, I	Florida
:	City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

1

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 <u>Address</u> Type of Action <u>Title</u> Name Colin Brown 6238 Dickens Drive **AMBR** Jacksonville, FL 32244 ■ Add ☐ Remove ☐ Change Joshua Benjamin Brooks 1279 NW 58th Terrace **AMBR** Miami, FL 33142 ■ Add ☐ Remove ☐ Change Sheere Proctor 201 Berkley Road Unit 106 MGR Hollywood, FL 33024 ■ Add _□ Remove ☐ Change □ Add ☐ Remove _ Change _□ Add □ Remove ☐ Change □ Add □ Remove ☐ Change

or removed from our records:

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		fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: after the record is filed.
Dated	September	9. 2019
Dated	-	··
		Signature of a member or authorized representative of a member
	lastin (Creighton
	- Jacinii (Typed or printed name of signee
		Page 3 of 3

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Page 3 of 3

Filing Fee: \$25.00