## L19000043325

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Amend

APR () 2 2019

ALBRITTON

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT:	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Joseph A. Brezer	
JABFL SALS LLC Firm/Company	
146H8 PAle Cedar Sq. Apt 303	
Winter Graden, FL 34787 City/State and Zip Code	
FLREALTORADAM @ gmril. conc E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Jeseph A. Brown at (513), 659 - 8912 Name of Person Area Code Daytime Telephone Number	_
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigsup \\$30.00 Filing Fee \& \Bigsup \\$55.00 Filing Fee \& \Bigsup \\$60.00 F	Status & '

MAILING ADDRESS:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JABFL SAL	ES LLC
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number <u>L19000043325</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
The new name must be distinguishable and contain the words "Limited	1 Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	SS)
Enter new mailing address, if applicable:	——————————————————————————————————————
(Mailing address MAY BE A POST OFFICE BOX)	7
B. If amending the registered agent and/or register registered agent and/or the new registered office addres	red office address on our records, enter the name of the never shere:
Name of New Registered Agent:	
New Registered Office Address:	
_	Enter Florida street address
<del>-</del>	, FloridaZin Code
	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

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>	Name	Address	Type of Action
M6R	Joseph A. Brown	14648 Pale Ceder Sq #303	<b>jg</b> Add
		14648 Pale Ceder Sq #303 Winter Granden, FL 34787	Remove
			Change
			□ Remove
			Change
			Add
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Page 3 of 3

Filing Fee: \$25.00