

L19000087122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

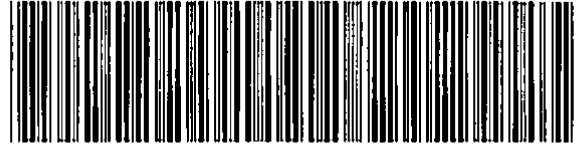
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/08/19--01012--009 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 JUL -8 PM 7:09

FILED

JUL 18 2019

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JF PROPERTY PROS
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:

FELICIA KIRBY
Name of Person

JF PROPERTY PROS
Firm/Company

320 S. FLAMINGO RD SUITE 243
Address

PEMBROKE PINES, FL 33027
City/State and Zip Code

INFO@JFPROPERTYPROS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FELICIA KIRBY at (954) 300-1541
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
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

JF PROPERTY PROS

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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19 JUL -8 PM 7:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 3/29/19 and assigned
Florida document number L19000087122.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

320 S FLAMINGO RD
SUITE 243
PEMBROKE PINES, FL 330

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

320 S FLAMINGO RD
SUITE 243
PEMBROKE PINES, FL 3303

B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:

Name of New Registered Agent:

FELICIA KIRBY

New Registered Office Address:

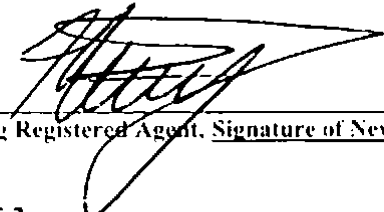
320 S. FLAMINGO RD SUITE 243

Enter Florida street address

PEMBROKE PINES Florida 33027
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	FELICIA KIRBY	320 B FLAMINGO RD SUITE 243 DEMBROKE PINES, FL 33027	<input checked="" type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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

Handwritten signature 'A W A' on lined paper.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(

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 7/9/19

Handwritten signature of Felicia Kirby

Signature of a member or authorized representative of a member

FELICIA KIRBY

Typed or printed name of signee