L19000 187 453

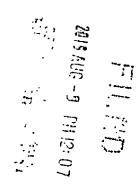
(Requ	restor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/s	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busia	ness Entity Nar	me)
(Docu	ment Number)	<u> </u>
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ing Officer:	





800332835348

08/03/13--01626--009 **25.66



Y SULKER AUG 1 3 2019

COVER LETTER

	gistration Se vision of Corp				
OUD IF OF		IUNICATIONS, LLC			
SUBJECT:		Name of Limited Liability Company			
The enclose	d Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return	n all correspo	ndence concerning this matter	to the following:		
		Terrencia Freeman			
			Name of Person		
			Firm/Company		
		5550 NW 44th Street Apt	206		
		Lauderhill. FL 33319	Address		
			City/State and Zip Code		
		info@jlfcommunications.co			
		E-mail address: (to be used for future annual report notif	ication)	
For further i	nformation c	oncerning this matter, please co	all:		
Terrencia F	reeman		954 401-7290 at ()		
	Name o	f Person	Area Code Daytimo	: Telephone Number	
Enclosed is	a check for th	ne 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

TO:

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

JLF COMMUNICATIONS, LLC	
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability (Florida document number L19000187453	Company were filed on July 22, 2019 and assigned and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Lin	mited 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 ADD	PRESS)
	50
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	- P
	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered agent and/or the new registered office ade	istered office address on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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>	Address	Type of Action
MGRM Terrencia Freeman	Terrencia Freeman	5550 NW 44th St Apt 206 Lauderhill, FL 33319	□ Add
		Remove	
		■ Change	
		□ Remove	
			Change
			Remove
			☐ Change
			□ Add
			□ Remove
		Change	
		Add	
		□ Remove	
		Change	
			☐ Remove
			☐ Change

_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
(If an effe <u>Note:</u>	tive date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	August 6 2019
	El Breedi
	Signature of a nember or authorized representative of a member
	Terrencia Freeman

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00