9/26/2019

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000288601 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BLALOCK, WALTERS, HELD & JOHNSON, P.A.

Account Number : 076666003611

: (941)748-0100

Phone Fax Number

: (941)745-2093

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: epennington@blalockwalter

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JSJ LEGACY ENTERPRISES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

T GLASS

Electronic Filing Menu

Corporate Filing Menu

(((H19000288601 3)))

COVER LETTER

•		`	COVERLEI	IEK		
	gistration S vision of Co					
SUBJECT:	JSJ Legac	y Enterprises, LLC		± ∔ _ •• .	•	
		Name of Lim	ted Liability Company	,		
The enclosed	d Articles of	Amendment and fee(s) are sub-	caitted for filing.	, .		•
Please return	all corresp	ondence concerning this matter (to the following:	•		
		:	, ,			
-		Eileen Pennington			,	
जिङ्गेत		Blalock Waiters, P.A.	Name of Person	·		
		·	Firm/Company			
		802 11th Street West				
, ,		Bradenton, Florida 34205.	Address			
		EPennington@blalockwalter	City/State and Zip C	Code		
		E-mail address; (to	o be used for future an	nnal report netific	rdon)	•
For forther in	oformation o	concerning this matter, please ca	П:		•	
Matthew Sta	1884		941 at (748-0100		,
	Name o	of Person	Area Code	Daytime T	clephone Number	
Enclosed is a	check for t	he following amount			*	
₽ \$25.00,F	ning Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Cop	y		of Status &
	:		(auditions) copy	ಜ ಕವರಣಿತರ)	Certified (additional)	oopy is englosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section

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

(((H19000288601 3)))

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

(Name of the Limit	ed Liability Company as i (A Riorida Louized Liabilit	t now appears on ou y Company)	r records.)	
The Articles of Organization for this Limited L. Plorida document number L19000215364		1.1		gned
This amendment is submitted to amend the follows. A. If amending name, enter the new name of		отралу here:		
The new name must be distinguishable and contain the W	vords Limited Liability Co.	npany," the designati	on "LLC" or the abbreviation "LL	C."
Enter new principal offices address, if applic	able:	**	· ·	
Principal office address MUST BB A STREE	<u> </u>			
Enter new mailing address, if applicable:	-			
Mailing address MAY BE A POST OFFICE	<u>BOX</u>)		<u> </u>	
	_		and the same	
B. If amending the registered agent and registered agent and/or the new registered of	ffice address here:	egaress on our	records, enter the name	<u>,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, </u>
Name of New Registered Agent:	Blalock Walters, P.A	· · · · · · · · · · · · · · · · · · ·	·	
New Registered Office Address:	802 11th Street West	<u> </u>	<u> </u>	
	Bradenton	Enua Florida stre	et address Florida 34205	
	÷ · · · · ·	ity	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.

By: Watther July, Principal Changing Registered Agent

				,	
				(((H19000288601 3)))	
			•	(((UIA0005000)I. 2)))	•
If amendin	g Author	ized Personi	(s) anı	thorized to manage, enter the title, name, and address of each	person being added
or removed			٠.		

MGR = AMBR =	Manager Authorized Membe	er		i. :	į; ,	• •	
Dite	<u>Name</u>		Add	<u>treŝs</u>	. · . ·	· :	Type of Action
			<u>.</u>	•			
		•		<u>-</u> -			Remove
		:	:				Change
			. 	 ,		<u> </u>	
 ;			<u></u> -				Add
: `. •	•						□ Remove
					• 1.1	·	Change
				; ;		: ,	
		,			<u>·</u>		Remove
•				• •			Change
				1		·	Add
			:. <u> </u>		÷		🗆 Remove
nr.							Change
<u>.</u>	· · · · · · · · · · · · · · · · · · ·				- 11	· · · · · · · · · · · · · · · · · · ·	
			; ·				Ranove
						· .	□ Add
			• :	: .			 -
			. :	•		·	Remove
							Change

aending any o	ther info	rmation,	enter ch	ange(s) he	re: (Att.	zch addition	al sheets, if nec	essary.)
					<u>;</u>	3:	·	<u> </u>
· · · · · · · · · · · · · · · · · · ·	• • •	· :	 	, P	ş			
			;	•			<u> </u>	
				······································		 -		
				·		 _	·	
·					:	<u>.</u>		
					•		•	
		:						
								
· · · · · · · · · · · · · · · · · · ·								
							·	
	,			·: .	:	· .		
						 -		·
				<u></u>				<u> </u>
							· · ·	
								
						. + i	: .	
		,			4 -	1.		
	·		1111	-				
	•	-	· ·					· · · · · · · · · · · · · · · · · · ·
	•							•
ive date, if oth ective date is liste	d, the date i	mest be spec	ific and ca	anot be prior	to date of	filing or more	(option than 90 days after t	Riina I Durrusant to 60
ni me dare inse ant's affective (DIOCK CDE	s noi mee	E THE TOO IS	สกเครเวาก	tory filing re	quirements, this	date will not be lis
		• ,			:			
ord specifies	s a delay	ed effec	tive dat	e, but no	t an eff	ective time	e, at 12:01 a.	.m. on the earli
90th day af	ter the n	ecora is	nied,					
Sente.	nber	26		201	9		•	
<u></u>			, -		<u>.</u> .			
	إس)		ر در	į — i			
		Signatur	e of a men	iber or autho	nized repr	escotative of a	member	
	Sec. 1	S. S. S.						
Jamii B. St	. milen, M	.U., Mamag		ped or printe				

Page 3 of 3

Filing Fee: \$25.00