119000 228 197

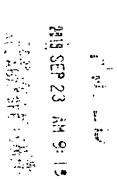
(Re	questor's Name))
(Ad	dress)	
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(Cit	y/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	

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09/23/19--01012--038 **25.00





COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	J FRAZIER ENTERPR	RISES LLC	_
SUBJECT:	Name of	Limited Liability Company	
The enclosed Articl	es of Amendment and fee(s) are	submitted for filing.	
Please return all cor	теspondence concerning this ma	tter to the following:	
			ં હો. -
		FRAZIER, JAHARVIS J, SR	
		Name of Person	
		Firm/Company	
		12350 NW 8TH PL	
		Address	
		CORAL SPRINGS, FL 33071	
		City/State and Zip Code	
	li mail addre	jfrazier_enterprise@yahoo.com ss: (to be used for future annual report noti	fication)
For further informa	tion concerning this matter, pleas		Tellinoit)
FRAZIER, JAHAR	-	954 369-6646	
		at ()	
N	ame of Person	Area Code Daytim	e Telephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing F	ee S30.00 Filing Fee & Certificate of Status		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
R D	IAILING ADDRESS: egistration Section ivision of Corporations	STREET/COURI Registration Section Division of Corpor	n
	O. Box 6327 allahassee, FL 32314	Clifton Building 2661 Executive Ce	nter Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Company as it now appears on or mited Liability Company)	ir records.)
	A Comment
npany were filed on 09/09/20	and assigned of
	**
d liability company here:	
d Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
SS)	
	records, enter the name of the nev
ss here:	
Enter Florida str	ret address
City	Florida Zip Code
	SS) red office address on our shere: Enter Florida stre

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
MBR	FRAZIER, JAHARVIS J. SR	12350 NW 8TH PL	■ Add
		CORAL SPRINGS, FL 33071	
		·	□ Remove
			Change
			□ Add
			C Remove
			☐ Change
			□ Remove
			Change
			□ Add
			□ Remove
		- <u>-</u> -	Change
			Remove
			Change
			□ Remove
		45.45	Change

Do If amending any other	er information, enter change(s) here: (Attach additional sheets, if necessary.)
4-444	
E. Effective date, if othe	r than the date of filing: (optional)
(If an effective date is listed, Note: If the date inserte	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)(1) and in this block does not meet the applicable statutory filing requirements, this date will not be listed as the stee on the Department of State's records.
If the record specifies (b) The 90th day afte	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: er the record is filed.
Dated September 19	2019
,	
	Signature of a member or authorized representative of a member
	FRAZIER, JAHARVIS J, SR

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00