

Electronic Filing Menu Corporate Filing Menu

Help

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## **COVER LETTER**

## TO: Registration Section Division of Corporations

J&C ELEVEN, LLC

SUBJECT:

Name of Limited Liability Company

| The enclosed Articles of Amendment and fee(s | s) arc | submitted | tor tiling. |
|--|--------|-----------|-------------|
|--|--------|-----------|-------------|

Please return all correspondence concerning this matter to the following:

Esmeralda A. Shanks

Name of Person

Des-Matt. INC

Firm/Company

2112 Clermont St.

Address

Winter Haven, FL 33881

City/State and Zip Code

esme.shanks@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Esmeralda A. Shanks 352 223-3911 at (\_\_\_\_\_) Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

**1** \$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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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## ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION** OF

| J&C ELEVEN, LLC   |   | . <u></u>                             |
|---|---|---------------------------------------|
| (Name of the Limited Liability Com<br>(A Florida Limite   | pany as it now appears on our records.)<br>d Liability Company) |                                       |
| The Articles of Organization for this Limited Liability Compar<br>Florida document number L19000306152  | ny were filed on <u>12/17/2019</u>                              | and assigned                          |
| This amendment is submitted to amend the following:   |   |                                       |
| A. If amending name, enter the new name of the limited lis  | ability company here:   |                                       |
| SKYPLUS, LLC  |   |                                       |
| The new name must be distinguishable and contain the words "Limited Lia   | bility Company." the designation "LLC" or the                   | abbreviation "L.L.C."                 |
| Enter new principal offices address, if applicable:   | N//A  |                                       |
| (Principal office address MUST BE A STREET ADDRESS)   |   |                                       |
| Enter new mailing address, if applicable:   | N/A   |                                       |
| (Mailing address MAY BE A POST OFFICE BOX)  |   |                                       |
| B. If amending the registered agent and/or registered offic<br>agent and/or the new registered office address here:<br><u>Name of New Registered Agent</u> : <u>N/A</u> | e address on our records, <u>enter the na</u>                   | · · · · · · · · · · · · · · · · · · · |
| New Registered Office Address:  | Enter Florido street address                                    | <u></u>                               |

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.

City

Florida \_

S Zip Code 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

| Title    | Name            | Address                               | Type of Action |
|----------|-----------------|---------------------------------------|----------------|
| AMBR     | Correa, Claudia | 5394 Hoffner Ave Ste. E               | 🖸 Add          |
|          |                 | Orlando, FL 32812                     | 🗆 Remove       |
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E.

ESME SHANKS

| N/A                                |                                    |                                      |                                       |
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|                                    | 11/30/2020                         |                                      | (optional)                            |
| fective date, if other than the    |                                    | m date of filing or more than 90 day | s after filing.) Pursuant to 605.0207 |
| way If the date inserted in this b | Jock does not meet the application | able statistory tuning redeatement   | s, this date will not be listed as    |
| cument's effective date on the I   | Department of State's records.     |                                      |                                       |
|                                    |                                    |                                      |                                       |
| ecord specifies a delayed effecti  | ve date, but not an effective ti   | me, at 12:01 a.m. on the earlier     | of: (b) The 90th day after the        |
| is filed.                          |                                    |                                      |                                       |
|                                    |                                    |                                      |                                       |
| November 30                        | 2020                               |                                      |                                       |
| ued                                |                                    | <u> </u>                             |                                       |
|                                    | Claudia Com                        |                                      |                                       |
|                                    | lauaia Con                         | All                                  |                                       |
|                                    | Signature of a member of author    | nrized representative of a member    |                                       |
|                                    |                                    |                                      |                                       |
| Claudia Correa                     |                                    |                                      |                                       |

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

Filing Fee: \$25.00