LZO OOOU 17700

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(City/State/Zip/Filone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer;	

Office Use Only



400344577924

85/14/20--01012 020 **25.00

1. 11 . . . Hito

R MILLION DE ROLL

COVER LETTER

Division of Corporations
SUBJECT: Jamie Hinson Your Realtor LLC 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:
Jamie Hinson Name of Person
The enclosed Articles of Amendment and fee(s) are submitted for fiting. Please return all correspondence concerning this matter to the following: Jamie Hinson Name of Person
DeBary, Fl 32713 City/State and Zip Code
E-mail address: (to be used for future animal report notification)
For further information concerning this matter, please call:
Jamie Hinson at 386 216-7494 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Certificate of Status Certified Copy Certificate of Status &
Registration Section Registration Section
Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

James Hinson, Jour Realtor LLC 11:12 (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
he Articles of Organization for this Limited Liability Company were filed on $\frac{1}{09/2020}$ and assigned lorida document number $\frac{12000017700}{120000000000000000000000000000000000$
his amendment is submitted to amend the following:
. If amending name, enter the new name of the limited liability company here: Jamie Lynn Hinson, LLC ne new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
nter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)
. If amending the registered agent and/or registered office address on our records, enter the name of the new registere gent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
, Florida
ew 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
			□∧dd
			Петюvе
			□Change
			□Add
			□Remove
		4	☐ Change
·			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
		· · · · · · · · · · · · · · · · · · ·	□Add
			□Remove
			□Change
			□Add
			□Remove
			☐Change

		-
		_
		-
		-
		_
		-
		-
_		-
		_
-		_
		_
		_
		-
_		-
affin	e date, if other than the date of filing:	05.0201 sted as
ocumer	nt's effective date on the Department of State's records.	
record I is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af d.	icr the
ated _	March 16, 2020.	
	Signature of a member or authorized representative of a member	
	Signature of a memor to summing representative of 2 memors	

. . . 1

Filing Fee: \$25.00