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()	Requestor's Name)
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MAY 20 2020 M. SOLOMON

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:		cialties	LLC
•	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Dirabet	L B. Caniz	ares Glines
	1+1	Name of Person	ies UC
	3145 Ca	FirmVCompany OUNCIL C	art
		Address	1.7
	_ KISSIV	nmee, Fli	orida 34746
	0/1291	City/State and Zip Code Code	(D) (M)
For further information con	cerning this matter, please ca	l Ji:	
DRahAB/	anieures Eli	ine JUD 2	88-5646
Name of P	erson	Area Code [Daytime Telephone Number
Enclosed is a check for the	following amount:		
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Section 1 Section 2 Sectio

Mailing Address:

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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF THE Special Hes LLC

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appear bility Company)	s on our recor	<u>ds.</u>)	-	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L200002584</u> /	ere filed on	2/14	20 and	assigne	d
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabilit	ty company he	ere:			
The new name must be distinguishable and contain the words "Limited Liability	Company," the d	esignation "LL	.C" or the abbreviation	"L.L.C."	
Enter new principal offices address, if applicable:			•	 2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2	,
(Principal office address MUST BE A STREET ADDRESS)			, u -		
			-بو در: نان	7	; } :
					· -
Enter new mailing address, if applicable:			gas	ζ εν 2 - 4	
(Mailing address MAY BE A POST OFFICE BOX)			rii. 1920)
B. If amending the registered agent and/or registered office adeagent and/or the new registered office address here:	dress on our r	ecords, <u>ente</u>	r the name of the	iew reg	gisterec
Name of New Registered Agent:					
New Registered Office Address:					
-	Enter Flor	rida street aaare	esr		
	<u> </u>	F	lorida	- 	 ,
No. Boris and Association of the desired	City		Zip Co	de	
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peaccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of ovided for in (my duties, d Chapter 605.	and I am familiar , F.S. Or, if this de	with an ocumen	ıd
If Changi	ng Registered Ag	ent. Signature	of New Registered A	 gent	

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
Mar	Chizabeth & Canizare	Glines 3145 Council Co Kissimmie, Florida.	UNT DANG
		KISSIMINAE, FLORIES.	□Remove
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Elabol	information, enter change(s) here: (Attach additional she	ei	
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lote: If the date inscried	ne date must be specific and cannot be prior to date of filing or more than the introduction in this block does not meet the applicable statutory filing require	90 days after filing.) Pursuant to 605.020 ements, this date will not be listed :	07 (as t
ocument's effective date	on the Department of State's records.		
	ed effective date, but not an effective time, at 12:01 a.m. on the ea	arlier of: (b) The 90th day after th	ic
d is filed.			
Dated	70 7020		
•	54 Parts the	W	
	Signature of a member or authorized representative of a mer	mber,	
1)	to a ball bling a size of	> (ne)	



May 4, 2020

ELIZABETH B. CANIZARES GLINES 3145 COUNCIL COURT KISSIMMEE, FL 34746

SUBJECT: J & L SPECIALTIES, LLC

Ref. Number: L20000025841

We have received your document for J & L SPECIALTIES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tacarri K Glass Regulatory Specialist II

Letter Number: 520A00009126

RECEIVED MAY 1 4 2020

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May 14, 2020

ELIZABETH B. CANIZARES GLINES 3145 COUNCIL COURT KISSIMMEE, FL 34746

SUBJECT: J & L SPECIALTIES, LLC

Ref. Number: L20000025841

We have received your document for J & L SPECIALTIES, LLC. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon Regulatory Specialist II Supervisor

Letter Number: 820A00009852

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