

L70 000048294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

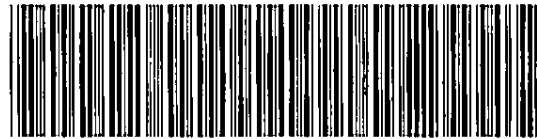
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20 JUN 18 PM 4:32

MAY 29 2020  
C McNAIR

JUN 18 2020  
C McNAIR

Law Offices of  
**Glenn & Glenn**

2165 15th Avenue, Vero Beach, FL 32960

P.O. Box 8, Vero Beach, FL 32961

Email: [george.glenn@gglennlaw.com](mailto:george.glenn@gglennlaw.com)

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George A. Glenn, Sr.

George A. Glenn, Jr.

Tel.(772) 569-0442

Fax (772) 567-5097

May 6, 2020

Florida Department of State

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

**Re: JAG 1911 LLC**

Ladies and Gentlemen:

Enclosed please find the Articles of Amendment to the Articles of Organization for the above referenced LLC, together with my firm check in the amount of \$25.00 for the filing fee.

The purpose of the Amendment is to correct the spelling of Manager, Mamie R. Edmond's name.

Sincerely,

LAW OFFICES OF GLENN & GLENN

By: /s/ George A. Glenn, Jr.

George A. Glenn, Jr. Esquire

GAG:jps

cc: Mamie R. Edmond

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JAG 1911 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:

\_\_\_\_\_  
George A. Glenn, Jr., Esquire  
\_\_\_\_\_  
Name of Person  
  
Law Offices of Glenn & Glenn  
\_\_\_\_\_  
Firm/Company  
  
2165 15th Avenue  
\_\_\_\_\_  
Address  
  
Vero Beach, FL 32960  
\_\_\_\_\_  
City/State and Zip Code  
  
jeanie.shearer@gglennlaw.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeanie P. Shearer  
\_\_\_\_\_  
Name of Person  
772 569-0442  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                                        |                                                                        |                                                                                                  |                                                                                                                            |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

**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

20 JUN 18 PM 4:32  
RECEIVED  
FILING  
SECTION

20 JUN 19 4:32 PM

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

This amendment is submitted to amend the following: \_\_\_\_\_

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**(Principal office address MUST BE A STREET ADDRESS)**

(Mailing address MAY BE A POST OFFICE BOX)

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

*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**

MGR = Manager  
AMBR = Authorized Member

**AMBR = Authorized Member**

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

(If an effective date is listed, 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)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Mamie R. Edmund

Mamie R. Edmond, Mgr.

**Filing Fee: \$25.00**