

L20000121306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

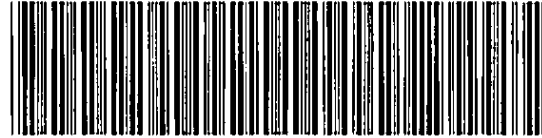
(Document Number)

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2/25/21

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10/21/19 -- 20/19--001 -- 20/19

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2021 FEB 25 PM 7:24

*Handwritten signature and stamp*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 14, 2020

CEDRICK JONES  
CEDRICK JONES & ASSOCIATES LLC  
4150 BELFORT RD P.O BOX 551281  
JACKSONVILLE, FL 32255

SUBJECT: CEDRICK JONES & ASSOCIATES LLC  
Ref. Number: L20000121306

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

IF THE ENTITY NAME IS NOT BEING MODIFIED, PLEASE REMOVE IT FROM LETTER A.

ON THE PRINCIPAL OFFICE ADDRESS, PLEASE REMOVE THE PO BOX 551281. PLEASE LIST ONLY ONE (1) ADDRESS FOR PRINCIPAL AND MAILING ADDRESSES.

THE REGISTERED AGENT ADDRESS CANNOT BE A PO BOX. PLEASE REMOVE ACCORDINGLY.

The document must be signed by a member or an authorized representative of a member.

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) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 220A00023975

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CEDRICK JONES & ASSOCIATES 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:

Cedrick Jones

\_\_\_\_\_  
Name of Person

CEDRICK JONES & ASSOCIATES LLC

\_\_\_\_\_  
Firm/Company

4150 Belfort Rd P.O Box 551281

\_\_\_\_\_  
Address

Jacksonville, FL 32255

\_\_\_\_\_  
City/State and Zip Code

cedrickjones032@gmail.com

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

For further information concerning this matter, please call:

Cedrick Jones

904

900-9885

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(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

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

CEDRICK JONES & ASSOCIATES LLC

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

The Articles of Organization for this Limited Liability Company were filed on May 05, 2020 and assigned  
Florida document number L20000121306.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

*City*

*Florida*

*Zip Code*

**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>	<u>Address</u>	<u>Type of Action</u>
MGR	JONES, LOCKETT	8550 TOUCHTON RD. UNIT 811	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32216	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JONES, CEDRICK	4150 Belfort Rd P.O Box 551281	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32255	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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.

Dated 02/14, 2021.

  
Signature of a member or author

Signature of a member or authorized representative of a member

Cedrick Jones

Typed or printed name of signee

**Filing Fee: \$25.00**