

L20000130121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

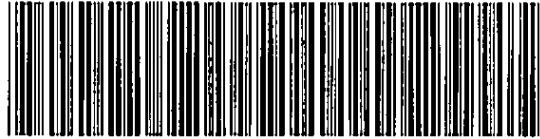
(Business Entity Name)

(Document Number)

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09/20/21--01027--002 **25.00

2021 OCT 21 PM 1:33

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JLS FINANCIAL GROUP OF AMERICA 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:

Lenny Sklawer

Name of Person

JLS Financial Group LLC

Firm/Company

1300 Concord Terrace, 5th Floor

Address

Sunrise, Florida 33323

City/State and Zip Code

lsklawer@jlsfinancialgroup.com

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

For further information concerning this matter, please call:

Lenny Sklawer

305 613-1768

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



2021 OCT 21 AM 11:50
FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 29, 2021

LENNY SKLAWER
1300 CONCORD TERR.
5TH FLOOR
SUNRISE, FL 33323

SUBJECT: JLS FINANCIAL GROUP OF AMERICA LLC
Ref. Number: L20000130121

We have received your document for JLS FINANCIAL GROUP OF AMERICA 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers
Regulatory Specialist II

Letter Number: 121A00023511

GENERAL AFFIDAVIT

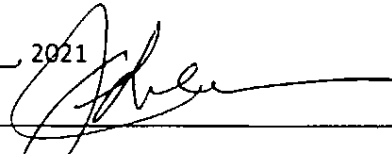
STATE OF FLORIDA

COUNTY OF BROWARD

PERSONALLY came and appeared before me, the undersigned Notary, the within named Jaime L. Sklawer, who is a resident of Broward County, State of Florida and makes this his statement and General Affidavit upon oath and affirmation of belief and personal knowledge that the following matters, facts and things set forth are true and correct to the best of his knowledge:

With reference to JLS Financial Group, LLC, (L15000103463) I have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

DATED this the 14 day of OCTOBER, 2021



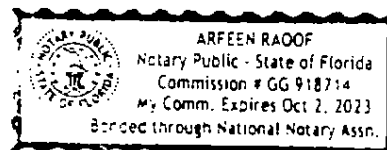
Signature of Affiant

SWORN to subscribed before me, this 14th day of October, 2021



NOTARY PUBLIC

My Commission Expires:



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

JLS FINANCIAL GROUP OF AMERICA 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 5/13/2020 and assigned
Florida document number L20000130121.

This amendment is submitted to amend the following:

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

JLS Financial Group LLC

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

Florida

City

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

Title	Name		Address	Type of Action
				<input type="checkbox"/> Add
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[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)

Dated September 15 2021

Signature of a member

Lenny Sklawer

Typed or printed name of signee