LZ0000191182

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City)	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	

Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 20, 2021

BRYAN JONES AGENCY LLC 2501 NE 15TH STREET POMPANO BEACH, FL 33062

SUBJECT: BRYAN JONES AGENCY LLC

Ref. Number: L20000191182

We have received your document for BRYAN JONES AGENCY 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):

You cannot sign this document in the name of Ivonnette Torres. Please complete the attached for and return it to us.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Letter Number: 321A00016793

Yasemin Y Sulker Regulatory Specialist III

www.sunbiz.org

COVER LETTER	
TO: Registration Section Division of Corporations	
SUBJECT: Pryan Sones Agency LLC Name of Limited Hidbility Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Washington The Boson Jones Name of Person	
Bryan Jones Agency Firm/Company	
2501 NE 15+4 ST Address	
Pompano Beach FL 33062 City/State and Zip Code bryan 100 E-mall address: (to be used for future annual report notification)	
E-mal address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Bryan Jones at (754) 249-7239 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Bryon Jones (Name of the Limited I)	Liability Company hs it now appears on Plorida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabi	lity Company were filed on 716	2070 and assigned
Florida document number 1 20000 9 182	- -	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
4/8		
The new name must be distinguishable and contain the words	s "Limited Liability Company," the design	nation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e: <u>N/A</u>	
(Principal office address MUST BE A STREET A	DDRESS)	
		2021
Enter new mailing address, if applicable:		1724
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
		SEE SEE SE
B. If amending the registered agent and/or regis		ds, enter the name of the new registered
		. w
Name of New Registered Agent:	4/A	
New Registered Office Address:	<u> </u>	
	Enter Florida s	treet address
-		, Florida
	City	Ap 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 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
MGR	Ivannelle Torres	2700 KE 51 ST #315	□Add
		2700 KE 51 ST #315 Ft. Landerdale FL 33308	Remove
			Change
			□Add
			□Remove
			Change
			□Add
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ote: If	Give date, if other than the date of filing: Sective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days. If the date inserted in this block does not meet the applicable statutory filing requirements nent's effective date on the Department of State's records.	optional) after filing.) Pursuant to 605.0207 s, this date will not be listed as
ecord : is filed	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of led.	of: (b) The 90th day after the
ited	\mathcal{O}	
	7110	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00