

120000257787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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2020 NOV 19 PM 4:14  
STATE OF CT  
HARTFORD

LA.  
12/22/20

TO: Registration Section  
Division of Corporations

SUBJECT: \_\_\_\_\_

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:

Nicole Angel

Name of Person

JNJ Legacy

Firm/Company

1101 East Cumberland Ave. # 201 H1079

Address

Tampa, FL 33602

City/State and Zip Code

nic4mic@aol.com

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

For further information concerning this matter, please call:

Nicole Angel

Name of Person

at (813)

Area Code

495-6223

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

TO  
ARTICLES OF ORGANIZATION  
OF

JAL  
(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 8/20/20 and assigne  
Florida document number L0000257787.

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 "LLC."

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 re  
agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

1101 East Cumberland Ave. #201  
Enter Florida street address  
Tampa, Florida 33602  
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 w  
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an  
accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documen  
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.*

[Signature]  
If Changing Registered Agent, Signature of New Registered Agent

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

Type of Ac

~~1101~~ 1101 E. Cumberland Ave. Add

Ste 201H1079 ☐ Remove

Tampa, FL 33602 ☐ Change

☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ 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 605.020

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.

11/15/20

Nicole Angier

Typed or printed name of signee