

L20 000318604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

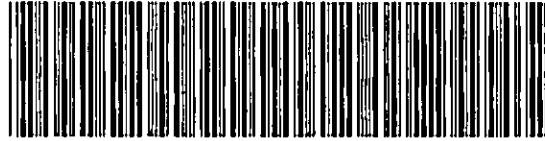
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2/19/21
[Signature]

Fadia Alnunu
J-DOUBLE 44, LLC
P.O.BOX 953565
Lake Mary, Florida 32795

January 7, 2021

Florida Department of State
Division of Corporations
P.O.BOX 6327
Tallahassee, Florida 32314

Subject: Article of Amendment L2000318604

To whom it may concern:

I am writing to add Nama Al Challah as (MBBR) Authorized Member to J-DOUBLE 44, LLC.

Also, I have enclosed a check for the amount of \$55.00 for filing fees and requesting certified copy of my corporate Certification documents.

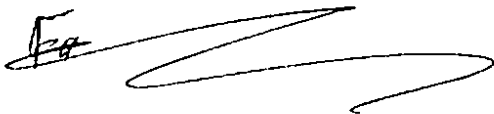
I also added my new mailing address to P.O.BOX 953565, Lake Mary, Florida 32795. I can be reached at 407-683-2420.

Please mail the documents to 4608 Messina Drive, Lake Mary, Florida 32746

Thank you and trust to receive the document.

Respectfully yours,

Fadia Alnunu

A handwritten signature in black ink, appearing to be 'Fadia', followed by a long, sweeping horizontal line that extends to the right.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: J-DOUBLE 44, 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:

FADIA ALNUNU

Name of Person

J-DOUBLE 44, LLC

Firm/Company

4608 MESSINA DRIVE

Address

LAKE MARY, FLORIDA 32746

City/State and Zip Code

JENNAZAI@ICLOUD.COM

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

For further information concerning this matter, please call:

FADIA ALNUNU 407 683-2420
Name of Person at () 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**

J-DOUBLE 44, 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 OCTOBER 08, 2020 and assigned
Florida document number 120000318604.

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)

N/A

P.O. BOX 953565
LAKE MARY, FLORIDA 32795

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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:

N/A

New Registered Office Address:

Enter Florida street address

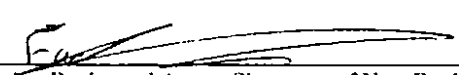
Florida

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

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>
AMBR	NAMA CHALIAH	P.O.BOX 953565, LAKE MARY, FL 32795	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Remove
			☐ Change

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CLERK

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FILED
2021 JAN 11 PM 1:02

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 DECEMBER 30 2020

Signature of a member or authorized representative of a member

FADIA ALNUNU

Typed or printed name of signee