

121000009676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

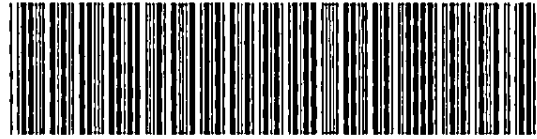
(Business Entity Name)

(Document Number)

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02/08/21--01037--017 **30.00

MAR 26 2021
S. YOUNG

2021 FEB -8 PM 6:27

51100

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

NSRB 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:

Jamal Brown

Name of Person

Firm/Company

P.O. Box 7512

Address

Port Saint Lucie, FL 34985

City/State and Zip Code

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

For further information concerning this matter, please call:

Jamal Brown

Name of Person

at

(786)

414-5383

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**

N J R B LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2021 FEB -8 PM 6:27

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number _____.

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

Florida

City

Zip Code

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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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

Person(s) authorized to manage, enter the title, name, and address of each person being added
from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jamal Brown	P.O. Box 7512	<input checked="" type="checkbox"/> Add
		Port Saint Lucie, FL	<input type="checkbox"/> Remove
		34985	<input type="checkbox"/> Change
MGR	Arielle Brown	P.O. Box 7512	<input type="checkbox"/> Add
		Port Saint Lucie, FL	<input checked="" type="checkbox"/> Remove
		34985	<input type="checkbox"/> Change
MGR	Micah Brown	P.O. Box 7512	<input type="checkbox"/> Add
		Port Saint Lucie, FL	<input checked="" type="checkbox"/> Remove
		34985	<input type="checkbox"/> Change
GR	Elisab Brown	P.O. Box 7512	<input type="checkbox"/> Add
		Port Saint Lucie, FL	<input checked="" type="checkbox"/> Remove
		34985	<input type="checkbox"/> Change
?	Gianna Brown	P.O. Box 7512	<input type="checkbox"/> Add
		Port Saint Lucie, FL	<input checked="" type="checkbox"/> Remove
		34985	<input type="checkbox"/> Change
!	Shane Neal	P.O. Box 7512	<input type="checkbox"/> Add
		Port Saint Lucie, FL	<input checked="" type="checkbox"/> Remove
		34985	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I Jamel Brown am the registered agent and owner of NJBB LLC. Arielle, Micah, Elijah, Gianni are my children and are under the age of 18. Shana Neal is my wife. I Filed the application incorrectly.

Effective date, if other than the date of filing: 2/5/2021 (optional)

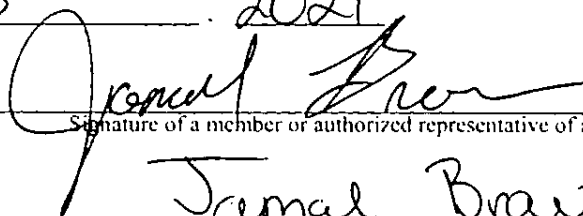
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

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 document is filed.

dated

2/5 . 2021



Signature of a member or authorized representative of a member

Jamel Brown

Typed or printed name of signer