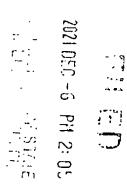
L2100086507

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
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TACLAGAUSLEGATION

A. BUTLER
DEC - 6 2021

COVER LETTER

· TO: Registration Section

Tallahassee, FL 32314

Division of Cor	rporations			
PIERRE'S.	LUC			
SUBJECT:	Name of Lim	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	ROBERT TILKA			
	_ 	Name of Person		
	JARBY, LLC			
		Firm/Company		
	3948 SOUTH 3RD STREE	ET UNIT 373		
		Address		
	JACKSONVILLE BEACE	L FLA 32250		
		City State and Zip Code		
	RCTILKA@GMAIL.COM			
	E-mail address: (to be used for future annual report not	fication)	
For further information c	concerning this matter, please ex	all:		
ROBERT TILKA		904 405-5280		
Name o	f Person	at ()	e Telephone Number	
Enclosed is a cheek for the	he following amount:			
□ \$25.00 Filing Fee	富 \$30,00 Filing Fee & Certificate of Status	TI \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)	
Mailing Addres Registration 5 Division of C	Section	<u>Street Address:</u> Registration Sec Division of Cor		
P.O. Box 632		The Centre of T		

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PIERRE'S, LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited	iny as it now appears Liability Company)	on our records.)
The Articles of Organization for this Limited I	Liability Company	were filed on 2/21	/2021 and assigned
Florida document number L21000086507	- - ·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, <u>enter the new name</u>	of the limited liab	oility company her	<u>~</u> :
The new name must be distinguishable and contain the	words "Limited Cabi	lity Company," the de-	signation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		JABBY LLC	
		1626 PARK TERRACE WEST	
		ATLANTIC BEACH, FL 32223	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		JABBY LLC	
		3948 SOUTH 3RD STREET UNIT 373	
		JACKSONVILLE BEACH, FL 32250	
B. If amending the registered agent and/or agent and/or the new registered office addro Name of New Registered Agent:	registered office : ess_here: ROBERT TILE	. A	cords, enter the name of the new regis
New Registered Office Address:	3948 SOUTH	RD STREET UNIT	
		Enter Fiori	la street address
	JACKSONVIL	LE BEACH	Florida 32250 Zg/Code
		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 of removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	JARBY LLC	1626 PARK TERRACE WEST	L Add
		ATLANTIC BEACH, FL 322323	•
			[] Change
AMBR J	JANHINVESTMENT GROUP LLC	500 3RD STRET SOUTH	X Add
		JACKSONVILLE BLACH, FL 32280	
			□Change
MGR	JAY BIRDIES JAY LLC	1626 PARK TERRACE WEST	
		ATLANTIC BEACH, FL 32223	ZRemove
			T Change
MGR	WORKS OF RILEY, LLC	115 9TH AVE SOUTH SUITE 801	
		JACKSONVILLE BEACH, FL. 32250	- Remove
			Change
MGR BOB BULLET, LLC	BOB BULLET, LLC	3948 SOUTH3RD ST, SUITE 373	
	JACKSON —	JACKSONVILLE BEACH, FL 32250	Kemove
	—· -—	-· ·· <u>-</u> · · <u>-</u> · · · · · · · · · · · · · · · · · · ·	JAdd
			□Remove
			Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
tan e <mark>Note</mark>	tive date, if other than the date of filing: 2 21/2021 (optional) flective date is listed, the date mist be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
reco d is	ord specifies a delayed effective date, but not an effective time, at 12:04 a.m. on the earlier of: (b). The 90th day after the filed.
Dated	DEC 6[1] Signature dia member y authorized representative of a member
	RÖBERT TILKA
	Typed or printed name of signee

Filing Fee: \$25.00