

L21000099381

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : TAXPROS OF CLERMONT LLC
Account Number : 120210000146
Phone : (352)660-1026
Fax Number : (800)466-5730

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: ADMIN@TAXPROSOFCLERMONT.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
J&E CREATIVE LLC

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DEC 15 2021
A. LUNT

2021 DEC 14 PM 4:38

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J&E CREATIVE 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:

DAVID NAMENUIK

Name of Person

TAX PROS OF CLERMONT

Firm/Company

4279 SOUTH HWY 27, SUITE E

Address

CLERMONT, FL 34711

City/State and Zip Code

ADMIN@TAXPROSOFCLERMONT.COM

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

For further information concerning this matter, please call:

DAVID NAMENUIK

352 660-1026

at ()

Name of Person

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

41 (No. 0075) 4P. 5 2223

J&E CREATIVE 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 03/01/2021 and assigned
Florida document number L21000099381

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: TAX PROS OF CLERMONT LLC

New Registered Office Address: 4279 SOUTH HWY 27, SUITE E
Enter Florida street address

CLERMONT, Florida 34711
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

Dec. 14, 2021 4:39PM

No. 0075 P. 6

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

4121000454222

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AR	ERIN MENCER	449 BRUNSWICK DR,	<input type="checkbox"/> Add
		DAVENPORT, FL 33837	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JASON MENCER	449 BRUNSWICK DR,	<input checked="" type="checkbox"/> Add
		DAVENPORT, FL 33837	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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DIVISION OF CONCORDANCE
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Typed or printed name of signee