

L21000 114649

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FILED

S.C.

# **[COVER LETTER]**

April 6, 2021

Email: [steve.junes@outlook.com](mailto:steve.junes@outlook.com)

Direct and Daytime Phone Number: (786) 278-7539

## **SENT VIA USPS REGULAR MAIL**

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

**Re: JUNES GROUP, LLC**

**Document No.: L21000114649**

Dear Sir or Madam:

Please find enclosed executed Florida Department of State's Articles of Amendment form and fee check in the amount of \$25.00 payable to Florida Department of State. I am submitting this form to reflect a change on the authorized persons, for the purpose of listing, myself, "Steve Junes" as "MGR" manager and "MGRM" managing member for **JUNES GROUP, LLC**.

Thank you for your anticipated cooperation and assistance. Please feel free to contact me if you have any questions or need additional information and/or documents regarding this matter.

**My cell phone number is: (786) 278-7539 and my email is: [steve.junes@outlook.com](mailto:steve.junes@outlook.com)**

Very truly yours,

Steve Junes

Enclosure(s): As noted.

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U.S. DEPT. OF STATE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JUNES GROUP, 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:

STEVE JUNES  
Name of Person  
JUNES GROUP, LLC  
Firm/Company  
8761 SW 215TH TER  
Address  
CUTLER BAY, FL 33189  
City/State and Zip Code  
STEVEJUNES@OUTLOOK.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEVE JUNES 786 278-7539  
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

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

JUNES GROUP, 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 03/10/2021 and assigned  
Florida document number L21000114649.

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*

**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**

2021 ☐ Remove  
1/17/20 ☐ Change  
20 ☐

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

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (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.

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 APRIL 6, 2021

\_\_\_\_\_  
Signature of a member or authorized representative of a member

STEVE JONES

\_\_\_\_\_  
Typed or printed name of signee

APR 11 11:16 AM '21  
FILED