L21000125396

(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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07/01/21--01013--006 **25.00

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: J3 Enterprises CO, 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:

Chavari Jones
Name of Person

Firm/Company

1000 Skinner Lake Dr #1621
Address

Jacksonville, FL 32246
City/State and Zip Code

Chavarijones@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chavari Jones at (904) 2459305
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

JB Enterprises CO, 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 6/29/21 and assigned Florida document number L21000128396.

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: Chavari Cooper

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

Title	Name	Address	Type of Action
AMBR	Chavari Cooper		☑ Add
			☐ Remove
			☑ Change
AMBR	Chavari Jones		☐ Add
			☑ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

Last name of business owner needs to be changed from Jones to Cooper included is supporting documents

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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)

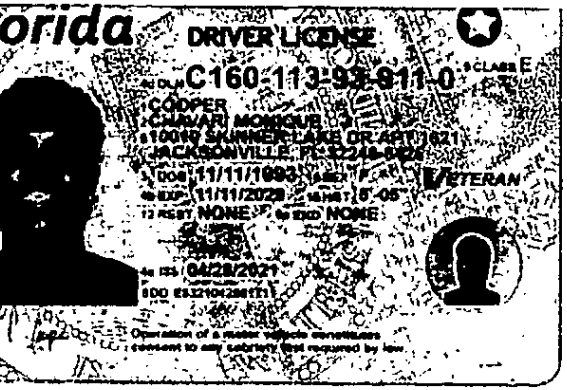
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 _____ . _____ .

_____
Signature of a member or authorized representative of a member

Marlaxi Cooper
_____
Typed or printed name of signee


orida
DRIVER LICENSE
C160-113-93-911-0
CLASS E
COOPER
CHAVARI MONIQUE
11/11/1993
11/11/2029
5'-05"
NONE
NONE
VETERAN
04/28/2021

Marriage Certificate

STATE OF GEORGIA — GLYNN COUNTY

This certifies that JACKIE LAMAR COOPER JR.

and CHAVARI MONIQUE JONES were united in the

Holy Bonds of Matrimony

by JUDGE CHRISTOPHER O'DONNELL

on the 20th day of APRIL in the year of our Lord, 20 16

As appears of record in my office in Marriage Record Book I/16

Page C16-08009 this 20th day of APRIL 20 16

CECELIA Aiken Deputy Clerk

Judge, Probate Court, Glynn County