## LZ1000 164 776

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(3.7, 5.1.3.2.4)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special management to 1 ming officer.
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## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations			
JFL HEAD( SUBJECT:	QUARTERS, LLC			
	Name of Lim	ited Liability Company		
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	CHRISTINE GRUBER			
		Name of Person		
		Firm/Company		
	P.O.BOX 811			
		Address	<del></del>	
	LEHIGH ACRES, FL 339	70		
		City/State and Zip Code		
	unitaspacebookkeeping@gr	nail.com to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c		,	
CHRISTINE GRUBER		239 565-8466		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for th	ne 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 Addres Registration S		Street Address: Registration So	ection	
Division of Corporations		Division of Corporations The Centre of Tallahassee		
P.O. Box 632 Tallahassee, I			oe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JFL HEADQUARTERS, LLC			
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on APRIL 9, 2021	and assigned	
Florida document number L21000164776			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	3366 CLEVELAND AVE		
(Principal office address MUST BE A STREET ADDRESS)	FORT MYERS, FL 33901		
Enter new mailing address, if applicable:	P.O.BOX 811		
Mailing address MAY BE A POST OFFICE BOX)	LEHIGH ACRES, FL 33970		
		5.2. 1-2	
	-	<u> </u>	
B. If amending the registered agent and/or registered office	address on our records, enter the na	ime of the new register	
agent and/or the new registered office address here:			
		<u> </u>	
Name of New Registered Agent:			
New Registered Office Address:		င့်သ	
	Enter Florida street address	<b>3</b> .	
	, Florida		
<del></del>	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	MARCUS JANSEN	P.O.BOX 811	□Add
		LEHIGH ACRES, FL 33970	□Remove
			□Change
MGRM	SABRINA JANSEN	P.O.BOX 811	Add
		LEHIGH ACRES, FL 33970	□Remove
			Change
			□Add
	<del></del>		□Remove
			□Add
			□Remove
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ffective date, if other than to an effective date is listed, the date in Sote: If the date inserted in this locument's effective date on the	nust be specific an block does not	nd canno <u>t be prior</u> t meet the applica	o date of filing or m	ore than 90 days aft	t <b>ional)</b> er filing.) Pursuant to 60 tis date will not be lis	05.0207 (3) sted as the
record specifies a delayed effec d is filed.	tive date, but no	ot an effective tin	ne, at 12:01 a.m. c	on the earlier of:	(b) The 90th day aft	er the
JUNE 21		2021				
/	<del></del>	·· ——	_· _/			
	~ M;		~			

Filing Fee: \$25.00

Typed or printed name of signee