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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	ocument Number))
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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T. MATTHEWS

DEC - 1 2021



October 4, 2021

RYNE E. HARTT, ESQ 4727 N HIGHWAY A1A VERO BEACH, FL 32963

SUBJECT: J & J PINELANDS, LLC

Ref. Number: L21000293798

We have received your document for J & J PINELANDS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 921A00024021

Tekayla T Matthews OPS

www.sunbiz.org

COVER LETTER

TO:

TO: Registration Se Division of Cor			
J & J Pinek			
SUBJECT:Name of Limited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ryne E. Hartt, Esquire		
		Name of Person	
	Law Offices of Jennifer Po	rshke, P.A.	
		Firm Company	
	4727 North Highway A1A		
		Address	
	Vero Beach, FL 32963		
	·	City/State and Zip Code	
	closingsupport@peshkelaw		· · · · · · · · · · · · · · · · · · ·
For further information of	n-mail address: (concerning this matter, please c	to be used for future annual report not all:	ification)
Ryne Hartt, Esquire	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	772 231-1233	
Name 6	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u> Registration		Street Address: Registration So	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monre	Fallahassee be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jet Parlac	ds LLC	iy as it now appears on our lability Company)	21 HOT - 1 PH 1: 25
(Name of the Limited)	Florida Limited Li	iy as it now appears on our iability Company)	records.)
The Articles of Organization for this Limited Liabi Florida document number <u>トコ・ロのロネタ 3+</u>		were filed on <u>ちいや</u> ご	2৭, ৯৫ <i>১</i> and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of th	e limited liabil	lity company here:	
The new name must be distinguishable and contain the word	s "Limited Liabili	ty Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:		
(Principal office address MUST BE A STREET 2	(DDRESS)		
Enter new mailing address, if applicable:		P.O. BO	K 1181288
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>	Senasho	17 FL 30978
B. If amending the registered agent and/or regi agent and/or the new registered office address h		ddress on our records,	enter the name of the new registere
Name of New Registered Agent:	Juiy	6. Krajack	Sr.
New Registered Office Address:		Enter Florida streed	t 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.

H 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

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<u>Title</u>	Name	Address	Type of Action
MGR	Jury G. Krajack, Sr. Trust	8625 97th Avenue	□Add
		Vero Beach, FL 32967	□Remove
			■ Change
AMBR	Joann E. Quail Trust	8676 105th Avenue	ClAdd
		Vero Вевећ, FL 32967	■ Remove
			Change
			□Remove
			□ Change
			□Add
			□Remove
			[]Change
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Control of the State of the China	Cant.	
	of filing: (optional) ecific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 ecs not meet the applicable statutory filing requirements, this date will not be listed tent of State's records.	
	, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
s filed.		
Sustamber -	2021	
ted September OCF 4	2021	
11/0/11/	A	
The same of the same	1/6	
Signut	ture of a member or authorized representative of a member	
Jury G. Krajack, Sr. Trustee/Pi	resident	

Filing Fee: \$25.00