L21000309211

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, ,,
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COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

SUBJECT:	Name of Lin	nited Liability Company		
The continued Amieleo of	· · · · · · · · · · · · · · · · · · ·			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Rosalyn E. Jones			
		Name of Person		
	RL Jones & Company, LL	C.		
		Firm/Company	_ 	
	5902 NW 26TH ST.			
		Address		
	Gainesville, FL 32653			
		City/State and Zip Code		
	rljonesco@yahoo.com			
	E-mail address: (to be used for future annual report not	ification)	
For further information of	oncerning this matter, please c	all:		
Rosalyn E. Jones		352 642-3274		
Name of Person		at () Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	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	
Mailing Addres		Street Address:		
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 632	•	The Centre of T	=	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RL Jones & Company, LLC.		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L21000309211}{L21000309211}$.	were filed on 07/06/2021	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he 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:	1731 NW 6TH ST. Suite A6	
Principal office address MUST BE A STREET ADDRESS)	Gainesville, FL 32606	
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	 -	
 If amending the registered agent and/or registered office agent and/or the new registered office address here: 	address on our records, enter the na	ime of the new registo
		t •
Name of New Registered Agent:		 13
New Registered Office Address:	Enter Florida street address	.
	, Florida	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
AMBR	Leon A. Jones, Sr.	5902 NW 26TH ST.	= Add
		Gainesville, FL 32653	□ Remove
			□Change
			□ Add
			_Remove
			□Change
			□Add
			Remove
			□Change
			□Remove
			□ Change
			Remove
			□Change
			□Add
			□ Remove
			Change

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	late must be specific ar	nd cannot be prior to dat		(optional) 00 days after filing.) Pursuant t ements, this date will not b	
ocument's effective date or			, , ,		
record specifies a delayed of is filed.	effective date, but no	ot an effective time, a	at 12:01 a.m. on the ea	arlier of: (b) The 90th day	after the
ated Howali		2021			
	T /				

Typed or printed name of signee