

L22000136971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

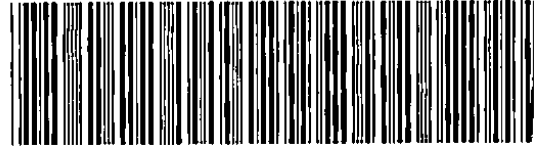
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FEB 10 2023

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02/13/23--01002--011 \*\*

2023 FEB 10 PM 3:05

SECRETARY OF  
TALLAHASSEE, FL

DIRECTOR'S OFFICE  
DEPT. OF REORGANIZATIONS  
TALLAHASSEE, FLORIDA

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: James R. B. A. Services 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:

Tawrence Whitehead  
Name of Person

Firm/Company

405 Melrose AVE  
Address

Green Cove Spring FL 32043  
City/State and Zip Code

TjWhitehead8119@icloud.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tawrence Whitehead at (904) 319-0119  
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

Jreece Bundles and Accessories

(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 3/21/22 and as  
Florida document number C22 000 136970

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

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 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 c  
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar  
accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this c  
being filed to merely reflect a change in the registered office address, I hereby confirm that the limited li  
company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

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(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

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 record is filed.

Dated 2/10/23

Signature of a member or authorized representative

Laurence Whitehead  
Typed or printed name of signee

**Filing Fee: \$25.00**