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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

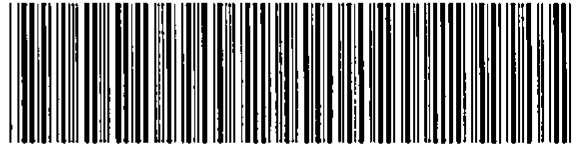
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2022 JUN 21 PM 2:14

CLERK OF STATE  
JULIA A. HARRIS

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Jacob May Enterprises 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:

Jacob May

Name of Person

Firm/Company

2145 NE 164th Street

Address

North Miami Beach, FL 33162

City/State and Zip Code

jacobmay2003@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacob May

832 998-1507

at ( )

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**

MayEnterprisesLLC

(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 6/18/22 and assigned  
Florida document number L22000278634.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Jacob May Enterprises LLC

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:**

2145 NE 164th Street Apt 537 North Miami Beach FL 33162

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

2145 NE 164th Street Apt 537 North Miami Beach FL 33162

**(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 register agent and/or the new registered office address here:**

Name of New Registered Agent:

Jacob May

New Registered Office Address:

2145 NE 164th Street Apt 537

Enter Florida street address

North Miami Beach

Florida

City

**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**

[illegible]

FILED  
2022 JUN 21 PM 2:16  
SOS BY STATE  
CLERK

FILED  
2022 JUN 21 PM 2:16  
CLERK OF DISTRICT COURT  
STATE OF TEXAS  
COUNTY OF DALLAS

(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)

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 June 21st 2022

Jacob May

Typed or printed name of signee

**Filing Fee: \$25.00**