

L22 000 397 598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

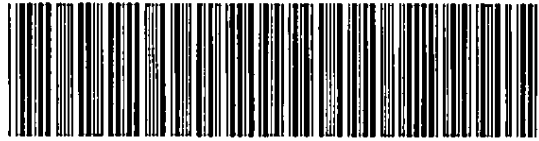
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*[Signature]*



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09 SEP 23 09:17 AM

22 SEP 23 AM 9:17  
RECEIVED  
FILING OFFICE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JL046 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:

Christine Marcelle  
Name of Person

Real Estate Co, LLC  
Firm/Company

1271 JOY CT NE  
Address

PAUM BAG FL 32907  
City/State and Zip Code

SNJNS 875 @ AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christine Marcelle at (321) 2585916  
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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee

22 SEP 23 AM 9:17

RECEIVED  
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

JLO 46 LLC

(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 9/12/2022 and assigned  
Florida document number L 22 000397 598

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 "L.L.C."

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

Name of New Registered Agent:

Christine Marcelle

New Registered Office Address:

1271 JOY CT NE

Enter Florida street address

Palm Bay

City

Florida

32907

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.*

Christine

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>	<u>Address</u>	<u>Type of Action</u>
MGR	JAIME Osipow	480 Andalusia Av	<input checked="" type="checkbox"/> Add
		Ormond Beach, FL	<input type="checkbox"/> Remove
		32174	<input type="checkbox"/> Change
MGR	Chustne Marcelle	1271 Joy CT NE	<input type="checkbox"/> Add
		Palm Bay, FL	<input checked="" type="checkbox"/> Remove
		32907	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

28 SEP 3 AM 9:17  
OFFICE OF THE  
CLERK OF THE  
SUPERIOR COURT  
JACKSONVILLE, FL

22 SEP 23 AM 9:18

22 SEP 23 AH 9:18

— 192 —

(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 9/21/, 2022.

Chester

Signature of a member or authorized representative of a member

Christine Marcelle  
Typed or printed name of signee

**Filing Fee: \$25.00**



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## Detail by Entity Name

Florida Limited Liability Company

JLO46LLC

### Filing Information

**Document Number** L22000397598

**FEI/EIN Number** NONE

**Date Filed** 09/12/2022

**Effective Date** 09/12/2022

**State** FL

**Status** ACTIVE

### Principal Address

480 ANDALUSIA AV

2

ORMOND BEACH, FL 32174

### Mailing Address

480 ANDALUSIA AV

2

ORMOND BEACH, FL 32174

### Registered Agent Name & Address

OSIPOWER, JAIME

480 ANDALUSIA AV

2

ORMOND BEACH, FL 32174

### Authorized Person(s) Detail

#### **Name & Address**

Title MGR

MARCELLE, CHRISTINE

1271 JOY CT NE

PALM BAY, FL 32907

### Annual Reports

No Annual Reports Filed

### Document Images