

L23000178812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

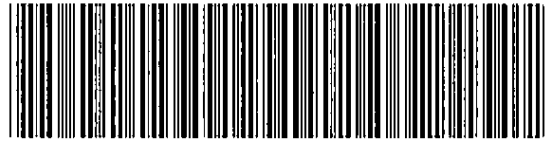
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FILED
2024 JAN -8 AM 10:23
SECURITY
FILED
JAN 11
FL

APD

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Blue Horizon Consulting, 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:

Jeff Brown

Name of Person

Blue Horizon Consulting, LLC

Firm/Company

2647 Grove View Dr

Address

Winter Garden, FL 34787

City/State and Zip Code

brownjeff10@gmail.com

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

For further information concerning this matter, please call:

Jeff Brown

619

508-0385

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)

All Remedy Paid \$35-

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee

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

Blue Horizon Consulting, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED

2024 JAN -8 AM 10:24

STATE
SEC. FL

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned

Florida document number _____

This amendment is submitted to amend the following:

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

JGB Solutions, 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:

(Principal office address MUST BE A STREET ADDRESS)

15163 Canopy Cover Dr

Winter Garden, FL 34787

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:

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 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 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

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.


E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 December 22, 2023

 Signature of a man

Signature of a member or authorized representative of a member

Jeff Brown

Typed or printed name of signee

Filing Fee: \$25.00

State of Florida

Department of State

I certify the attached is a true and correct copy of the Articles of Organization of JGB SOLUTIONS, LLC, a limited liability company organized under the laws of the state of Florida, filed electronically on April 11, 2023 effective April 06, 2023, as shown by the records of this office.


I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

The document number of this limited liability company is L23000178812.

Authentication Code: 230413153404-900405969359#1

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Thirteenth day of April, 2023




Cord Byrd
Secretary of State

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L23000178812
FILED 8:00 AM
April 11, 2023
Sec. Of State
slogan**

Article I

The name of the Limited Liability Company is:
JGB SOLUTIONS, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
2647 GROVE VIEW DR
WINTER GARDEN, FL. UN 34787

The mailing address of the Limited Liability Company is:
2647 GROVE VIEW DR
WINTER GARDEN, FL. UN 34787

Article III

The name and Florida street address of the registered agent is:
JEFF BROWN
2647 GROVE VIEW DR
WINTER GARDEN, FL. 34787

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Article IV

The name and address of person(s) authorized to manage LLC:

Title: CEO
JEFF BROWN
2647 GROVE VIEW DR
WINTER GARDEN, FL. 34787 UN

L23000178812
FILED 8:00 AM
April 11, 2023
Sec. Of State
slogan

Article V

The effective date for this Limited Liability Company shall be:

04/06/2023

Signature of member or an authorized representative

Electronic Signature: JEFF BROWN

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 12, 2023

JEFFERY BROWN
2647 GROVE VIEW DR
WINTER GARDEN, FL 34787-5476

SUBJECT: JGB SOLUTIONS, LLC
Ref. Number: L23000178812

We have received your document for JGB SOLUTIONS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

The document number of the name conflict is L23000178812.

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.

Anissa Butler
Regulatory Specialist II

Letter Number: 023A00028329