L23 000 181 756

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP     ☐ WAIT     ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____     Certificates of Status _____

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04/03/24--01030--008   **30.00

# COVER LETTER

**TO:** Registration Section
Division of Corporations

**SUBJECT:** _JASBER TRINTY REALTY 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:

_Melissa J. Beasley_
Name of Person

_____
Firm/Company

_5029 Bromeliad Ave_
Address

_Wimauma, FL 33598_
City/State and Zip Code

_mebeasley@mindspring.com_
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_Melissa J Beasley_ at ( _772_ ) _359-2788_
Name of Person          Area Code    Daytime Telephone Number

Enclosed is a check for the following amount:

☐ $25.00 Filing Fee ☑ $30.00 Filing Fee & ☐ $55.00 Filing Fee & ☐ $60.00 Filing Fee.
　　　　　　　　　　Certificate of Status 　　Certified Copy 　　　　Certificate of Status &
　　　　　　　　　　　　　　　　　　　　(additional copy is enclosed) 　Certified Copy
　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　(additional copy is enclosed)

**Mailing Address:** 　　　　　　　　**Street Address:**
Registration Section 　　　　　　　Registration Section
Division of Corporations 　　　　　Division of Corporations
P.O. Box 6327 　　　　　　　　　The Centre of Tallahassee
Tallahassee, FL 32314 　　　　　　2415 N. Monroe Street, Suite 810
　　　　　　　　　　　　　　　　Tallahassee, FL 32303

# ARTICLES OF AMENDMENT
## TO
## ARTICLES OF ORGANIZATION
## OF

### JASPER TRINTY REALTY 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 **April 12, 2023** and assigned Florida document number **L23000181756**.

This amendment is submitted to amend the following:

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

### Melissa J. Beasley, 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)*

**5029 Bromeliad Ave Wimauma, FL 33598**

Enter new mailing address, if applicable:

*(Mailing address MAY BE A POST OFFICE BOX)*

**5029 Bromeliad Ave Wimauma, FL 33598**

**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: _____

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 Changing Registered Agent, **Signature of New Registered Agent**

**Page 1 of 3**

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

_____

_____

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_____

**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)(1)
**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 ___March 26_____ . __2024__.

_____
Signature of a member or authorized representative of a member

___Melissa J. Beasley_____
Typed or printed name of signee

Filing Fee: $25.00

If amending Authorized Person(s) authorized to manage, **enter the title, name, and address of each person being add or removed from our records**:

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

| Title | Name | Address | Type of Action |
|-------|------|---------|----------------|
| _____ | _____ | _____ | ☐ Add |
| | | _____ | ☐ Remove |
| | | _____ | ☐ Change |
| _____ | _____ | _____ | ☐ Add |
| | | _____ | ☐ Remove |
| | | _____ | ☐ Change |
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| | | _____ | ☐ Change |