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12/27/23--01021--019 **25.00

COVER LETTER

Registration Section

TO:

Division of Co	rporations		
	PERTIES LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Jeffrey C Norris		703
		Name of Person	7074
	JFN PROPERTIES LLC		
		Firm/Company	
	807 BAY CLIFFS ROAD		
		Address	
	GULF BREEZE, FL 3256	I	,,,
		City/State and Zip Code	
	jeffcnorris@gmail.com		
		to be used for future annual report noti	fication)
For further information c	concerning this matter, please co	all:	
Jeffrey C Norris		205 222-6786 at ()	
Name o	r Person		e Telephone Number
Enclosed is a check for the	he 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 9 Division of Control P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassec, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JEN PROPERTIES LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our record d Liability Company)	<u>ds.</u>)
he Articles of Organization for this Limited Liability Compar	ny were filed on 12/04/2023	and assigned
orida document number L23000537050		
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the limited lia	ability company here:	
e new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation 21 LC	"" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		202
		1
nter new mailing address, if applicable:		ن
•		
<u>Mailing address MAY BE A POST OFFICE BOX)</u>	<u> </u>	
If amending the registered agent and/or registered office ent and/or the new registered office address here:	e address on our records, <u>enter</u>	the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	S
		orida
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jeffrey C. Norris	807 BAY CLIFFS ROAD	□ Add
		GULF BREEZE. FL 32561	□Remove
			©Change
AMBR	Faye P. Norris	807 BAY CLIFFS ROAD	□Add
		GULF BREEZE, FL 32561	Remove
			(MChange
			Remove
_ 			
			□Remove
			□Change
			□ Add
			Remove
			□Change
<u> </u>			□ Add
			Remove
		_	□ Change

				
				
				
 				
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Sective date, if other than the n effective date is listed, the date must te: If the date inserted in this blocument's effective date on the De	t be specific and cannot be prior to date ock does not meet the applicable sta	(options of filing or more than 90 days after filing atutory filing requirements, this days	ng.) Pursua	ant to 605.02 of be listed
ecord specifies a delayed effective is filed.	e date, but not an effective time, at	12:01 a.m. on the earlier of: (b)	The 90th	day after th
December 13	2023			
1 m	Jana N			
Salla 1	Signature of a member or authorized re	epresentative of a member		