## L24000226140

(Requestor's Name)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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## **COVER LETTER**

Registration Section Division of Corporations

TO:

	JR JETS LLC					
SUBJECT:	Name of Limi	ted Liability Company		_		
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.				
Please return all correspor	ndence concerning this matter	to the following:				
	Allen FAlk					
		Name of Person				
	Allen FAlk PA					
		Firm/Company	<del></del> .		753	
	507 N Dixie Hwy				· :	**
		Address		33	دې	
	LAke Worth FL 33460			SEE!	AM 10: 05	į :
		City/State and Zip Code	_	-FAT	0.0	Service 3
	allenfalkpa@yahoo.com		<u></u>	— سا	CI	
	E-mail address: (	to be used for future annual report noti	fication)			
For further information co	oncerning this matter, please co	all:				
Allen Falk		561 493-9200 at ( )				
Name of	f Person		e Telephone Nun	nber	_	
Enclosed is a check for the	ne following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certi	0 Filing Fifeate of 9 fied Copy ional copy is	Status (	
Mailing Addres Registration S		<u>Street Address:</u> Registration Se				
Division of Corporations		Division of Co	rporations			
P.O. Box 632 Tallahassee, l		The Centre of T		te 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

y Company as it now appears on our records.) Limited Liability Company)	
ompany were filed on $\frac{05/15/2024}{}$ and ass	signed
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ted liability company here:	
ted Liability Company," the designation "LLC" or the abbreviation "L.	.IC."
ESS)	
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office address on our records, enter the name of the nev	v regis
Enter Florida street address	
***	
	ted liability company here:  ted Liability Company," the designation "LLC" or the abbreviation "L.  ESS)  Office address on our records, enter the name of the nev

## 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
Mgr	R. Bradford Engelhardt	507 N Dixie Hwy, LAke Worth FL 33460	□ Add
			□Remove
			■Change
			□Add
			□Remove
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If the date inserted in this blo ment's effective date on the De	ck does not m	eet the applicable	statutory filing	requirements,	his date	will not	be listed
ment serieenve date on the De	partificition St	ate's records.					
ord specifies a delayed effective	date, but not a	an effective time.	at 12:01 a.m. or	the earlier of:	(b) Tb <sub>2</sub>	s 90th d	av after tl
filed.				tive earlier (7).	(0) 111	2 70tii Q	ay anci n
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1—Jul	<u> </u>	<u> 2024</u> .					
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