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## **COVER LETTER**

TO: Registration S Division of Co			
Jeff Scott . SUBJECT:	Jones LLC		
	Name of Lin	nited Liability Company	·
The enclosed Articles of	`Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Jeffrey Scott Jones		
	<del></del>	Name of Person	
	Jeff Scott Jones LLC		
		Firm/Company	<del></del>
	5166 NE 124th Pl		
		Address	<del></del>
	Oxford FL 34484		
		City/State and Zip Code	
	jeffreyjones0226@gmail.co		
	E-mail address: (	to be used for future annual report not	ification)
For further information of	oncerning this matter, please c	all:	
Jeffrey Jones		352 446-6661	
Name o	f Person		ne Telephone Number
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)	\$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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jeff Scott Jones LLV		
( <u>Name of the Limited Liability C</u> (A Florida Li	Company as it now appears on our reco mited Liability Company)	rds.}
The Articles of Organization for this Limited Liability Com	npany were tiled on 6-11-24	and assigned
lorida document number L24000265939		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
effrey Scott Jones LLC		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	S(S)	
•		202
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nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		i:
. If amonding the registered agent and/or registered a	Mas address on our records, out	_
If amending the registered agent and/or registered ogent and/or the new registered office address here:	ince address on our records, em	er the name of the new regis
zem ana/or the new registered office address here.		
Name of New Registered Agent:		
New Designation of Office Address.		
New Registered Office Address:	Enter Florida street add	ress
	City	FloridaZip Code
	Cuy	zip Coae

## 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

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
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			□Change
			□Remove
			☐ Change
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offective dat :: If the da	if other than the is listed, the date muse e inserted in this bl ctive date on the D	st be specific and ock does not m	caunot be prior t cet the applica	to date of filing o	or more than 90	(optional) days after filing.) lents, this date	Pursuant to 605.0 will not be listed	0207 :d as
ecord sp ie 90th d	ecifies a delayed ay after the rec	d effective da ord is filed.	ate, but not	: an effectiv	e time, at :	l2:01 a.m. d	on the earlie	r of
d <u>6-24-24</u>								
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