DOC ID ----> 202012102184

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
04/30/2020	202012102184	LIMITED LIABILITY COMPANY - AMENDMENT (LAM)	50.00	0.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

ROBERTA ELLEN JONES
30799 PINETREE ROAD
SUITE 205
CLEVELAND, OH 44124

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose

2236428

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

ROBERTA E JONES LLC

and, that said business records show the filing and recording of:

Document(s)	Document No(s):
LIMITED LIABILITY COMPANY - AMENDMENT	**202012102184**

Effective Date: 04/30/2020

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 30th day of April, A.D. 2020.

Ohio Secretary of State

DOC ID ----> 202012102184

Form 543A Prescribed by:

Frank LaRose
Ohio Secretary of State

Toll Free: 877.767.3453 | Central Ohio: 614.466.3910
OhioSoS.gov | business@OhioSoS.gov
File online or for more information: OhioBusinessCentral.gov

Domestic Limited Liability Company Certificate of Amendment or Restatement

Filing Fee: $50

Form Must Be Typed

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company

☒ Amendment (129-LAM)

10/10/2013
Date of Formation
(MM/DD/YYYY)

(2) Domestic Limited Liability Company

☐ Restatement (142-LRA)

MM/DD/YYYY
Date of Formation
(MM/DD/YYYY)

The undersigned authorized representative of:

ROBERTA E JONES LLC
Name of Limited Liability Company

2236428
Registration Number

If box (1) Amendment is checked, only complete sections that apply. If box (2) Restatement is checked, all sections below must be completed.

The name of said limited liability company shall be:

ROBERTA E JONES LLC

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd." or "ltd"

This limited liability company shall exist for a period of: PERPETUAL
Period of Existence

Purpose

SMALL BUSINESS DEVELOPMENT; EDUCATIONAL GROUP; COMMUNITY AND ECONOMIC DEVELOPMENT; THE ENTREPRENEURSHIP NETWORK

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Must be signed by a member, manager or other representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

ROBERTA E JONES
Signature

By (if applicable)

ROBERTA E JONES
Print Name

GEORGE E. DAWSON
Signature

By (if applicable)

GEORGE E. DAWSON
Print Name

Signature

By (if applicable)

Print Name