

LEONARD 6/17/08

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

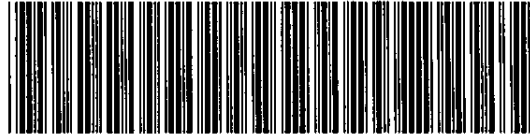
(Business Entity Name)

(Document Number)

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11:00 AM

15 APR 29 AM 10 24

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MAY 05 2015  
S. YOUNG

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Jawbone Shields 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:

Teryn Quintanilla  
Name of Person

Jawbone Shields LLC  
Firm/Company

407 12<sup>th</sup> Ave W  
Address

Palmetto FL 34221  
City/State and Zip Code

Jawboneshield@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Teryn Quintanilla at (617) 642-5232  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FILED  
15 APR 29 AM 10:24  
TALLAHASSEE, FLORIDA  
STATE SECRETARY OF REVENUE

Jawbone Shields 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 4/8/15 and assigned Florida document number L15000061708.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 407 12th Ave W  
*(Principal office address MUST BE A STREET ADDRESS)* Palmetto, FL 34221

Enter new mailing address, if applicable: 407 12th Ave W  
*(Mailing address MAY BE A POST OFFICE BOX)* Palmetto, FL 34221

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: Teryn Quintanilla


New Registered Office Address: 407 12th Ave W

Enter Florida street address

Palmetto, Florida 34221  
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**

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AP	Mark Tomac	5306 Holmes Blvd	<input type="checkbox"/> Add
		Holmes Beach, FL 34217	<input checked="" type="checkbox"/> Remove
AP	Eric Gurnitz	4202 Bunratty Lane	<input type="checkbox"/> Add
		Plainfield, FL 60586	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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MIRAMONTE COUNTY  
FLORIDA  
CLERK OF COUNTY COMMISSIONERS

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

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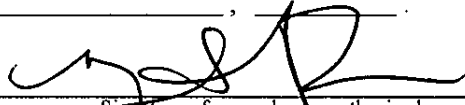
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 21st, 2015



Signature of a member or authorized representative of a member

Teryn R Quintanilla

Typed or printed name of signee

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15 APR 29 AM 10:24