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COVER LETTER

	Division of Corp		ħ	•
eun tee	RHS JACKS	SON ENTERPRISES LLC		,
SUBJEC	T:	Name of Lim	ited Liability Company	
The enclo	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspon	idence concerning this matter	to the following:	
		WILLIAM COTTRELL		
			Name of Person	<u> </u>
		COTTRELL LAW GROU	P	
			Firm/Company	
		5147 CASTELLO DRIVE		
			Address	
		NAPLES, FLORIDA 3410)3	
			City/State and Zip Code	
		JUSTIN@GRANTCOTTR	ELL.COM to be used for future annual report in	otification)
For furth	er information co	oncerning this matter, please co		
WILLIA	AM COTTRELL		239 449-4888 at()	
	Name of	Person	Area Code Days	time Telephone Number
Enclosed	l is a check for the	e following amount:		
≡ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		<u>Street Address:</u> Registration S	
	Registration S Division of Co		Division of C	
	D.O. Doy 672		The Centre of	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RIIS JACKSON ENTERPRISES LLC

2021 JAH -8 AM 7: 19

(A Florida Limited	Liability Company)	N.E.
The Articles of Organization for this Limited Liability Compan Florida document number <u>L20000393122</u> .		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the nam	<u>e of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	– gree to act in this capacity. I further ag te performance of my duties, and I am j s provided for in Chapter 605, F.S. Or,	familiar with and if this document is
	anging Registered Agent, Signature of New Re	gistered 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

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<u>Title</u>	<u>Name</u>	Address 2021 JAN -8 AM /: 19	Type of Action
MGR	DITTE BOND	9241 AVIANO DRIVE	□Add
		FORT MYERS, FL. 33913 US	□Remove
			≡ Change
			🗆 Add
			□Remove
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Note: If	e date, if other tive date is listed, the date insertent's effective date	ed in this bloc	k does not п	neet the app	licable stati	filing or mon utory filing t	than 90 day equiremen	(option: es after fili ts, this d	il) ng.) Pursua ate will no	int to 605.020 at be listed as
e record : rd is filed	specifies a delay l.	ved effective	date, but not	an effective	e time, at 1	2:01 a.m. on	the earlier	of: (b)	The 90th	day after the
Dated	Den.	bei	30	707	·					
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	1/10/10	Zurl								

Filing Fee: \$25.00