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SECRETARY OF STATE
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT. Jacks

Jackson & Adams, 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:

Name of Person

Jackson & Adams, LLC

Firm/Company

20801 Biscayne Blvd Suite 501

Address

Aventura, Florida 33180

City/State and Zip Code

marinakessler@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marina Kessler

₂₀₅305,321-006

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**

ARTICLES	OF ORGANIZAT	ION	
	OF	5	٠.
		200 100	1.
Jackson & Adams, LLC			
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appea	ars on our records.)	* -^\
(A Florida L	imited Liability Company)		-
The Articles of Organization for this Limited Liability Co	ompany were filed on 02	2-06-2013 and assigned	
Florida document number L0600006904			
	_ '	D. D	
This amendment is submitted to amend the following:			
3			
A. If amending name, enter the new name of the limi	ted liability company he	<u>re</u> :	
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Comp	pany," the designation "LLC" or the abbreviation	
Dutan and the last officer and James 26 and Pauline			
Enter new principal offices address, if applicable:	 		
(Principal office address MUST BE A STREET ADDR	ESS)	<u> </u>	
Enter new mailing address, if applicable:			
	 		
(Mailing address MAY BE A POST OFFICE BOX)	-		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		our records, enter the name of the new	
registered agent and/or the new registered office addr	ess nere:		
Name of New Registered Agent:	·	1	
Now Business Office Address		·	
New Registered Office Address:	Ex	nter Florida street address	
	Ziner From the Conductor		
		, Florida	
	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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> Name <u>Address</u> Type of Action MGR KOHEN, JAIME GUSTAVO 20801 Biscayne Boulevard, Suite 501 Aventura, Florida 33180 **MGRM** KESSLER, MARINA 20801 Biscayne Boulevard, Suite 501

			✓ Add
		Aventura, Florida 33180	Remove
			_
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D. If amending any other informa	ation, enter change(s) here: (Attach additional sheets, if n	ecessary.)
<u></u>		
		
Dated April 15	2013	
MAIDE	vo -	
Sig	gnature of a member or authorized representative of a member	
Kessler, Mari	na MANAGING MEMBER	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00