

LA7000661971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

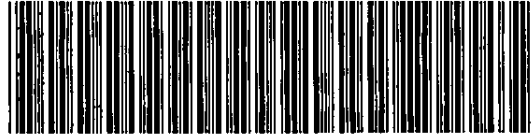
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11:53D
16 MAY -6 AM 7:41
OFFICE OF STATE
TALLAHASSEE, FLORIDA

MAY 09 2016
J SHIVERS



April 28, 2016

Registration Section
Florida Department of State
P O Box 6327
Tallahassee, FL 32314

Re: 1623 Jackson Street, LLC
Ref Number: L07000061971

Dear Sirs:

Please find attached Articles of Amendment to Articles of Organization for the above noted entity together with payment of \$25 as required. We request that you process the amendment and issue a letter of acknowledgment for the change.

Please advise if you need additional information. We look forward to receiving confirmation of this amendment.

Sincerely,

Patricia B Stuart, CPA

Patricia B Stuart, CPA
For the Firm

Cc: Rachel Emeis

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 1623 Jackson Street, 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:

Patricia B Stuart, CPA

Name of Person

Odom, Moses & Company, LLP

Firm/Company

4641 W US Highway 90

Address

Lake City, FL 32055

City/State and Zip Code

pstuart@odommoses.com

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

For further information concerning this matter, please call:

Patricia B Stuart

at (386) 752-4621 x 3932

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**

1623 Jackson Street, 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 June 12, 2007 and assigned Florida document number L07000061971.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

6580 Bulb Farm Road
Wellborn, FL 32094

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

6580 Bulb Farm Road
Wellborn, FL 32094

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:

Patricia B Stuart

New Registered Office Address:

4641 W US Highway 90

Enter Florida street address

Lake City

Florida

32055

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.

Patricia B Stuart

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Bradley Hahn	10240 W Bell Rd	<input type="checkbox"/> Add
		Suite H	<input checked="" type="checkbox"/> Remove
		Sun City, AZ	<input type="checkbox"/> Change
MGR	Rachel Emeis	6580 Bulb Farm Road	<input checked="" type="checkbox"/> Add
		Wellborn, FL 32094	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

16 MAY -6 AM 7:41
STATE OF FLORIDA
DEPARTMENT OF STATE

1650

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated April 20, 2016

Rachel M. Emeis

Signature of a member or authorized representative of a member

Rachel Emeis

Rachel M. Emeis

Typed or printed name of signee