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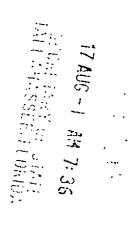
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## **COVER LETTER**

1623 Jackso SUBJECT:	on Steet, LLC		
SUBJECT:	Name of Lim	ited Liability Company	···
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Patricia B Stuart, CPA		
		Name of Person	
	Odom, Moses & Company	LLP CPAs	
		Firm/Company	
	4641 W US Highway 90		
		Address	· · ·
	Lake City, FL 32055		
		City/State and Zip Code	
	pstuart@odommoses.com	10.6	
Par front or in for each or a		to be used for future annual repor	a nouncation)
ror further information co	oncerning this matter, please ca	all:	
Patricia B Stuart, CPA			21 x 3932
Name of	f Person	Area Code D	aytime Telephone Number
Enclosed is a check for th	e 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

TO:

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 Steet, LLC

company has been notified in writing of this change.

(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 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 1623 Jackson Street, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 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: New Registered Office Address: Enter Florida street address Florida 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

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> Type of Action □ Add \_□ Remove \_□ Change

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ective date, if other than the date of filing:  1 effective date is listed, the date must be specific and cannot be prior 10: If the date inserted in this block does not meet the applic	cable statutory filing requirements, this date will not be list
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record specifies a delayed effective date, but no he 90th day after the record is filed.	ot an effective time, at 12:01 a.m. on the earli
Lachel M. Fineis	<u>7</u> .
Signature of a member or author	orized representative of a member
Rachel Emeis	

Page 3 of 3

Filing Fee: \$25.00