

L08000023984

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000216301 3)))



H120002163013ABCQ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ROSSWAY MOORE & TAYLOR
Account Number : I20050000159
Phone : (772)564-7844
Fax Number : (772)564-7845

****Enter the email address for this business entity to be used for the annual report mailings. Enter only one email address please.****

Email Address: jmoore@venbeachlawyers.com

RECEIVED
12 AUG 30 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ADM OLD DIXIE LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

FILED
12 AUG 30 AM 7:54
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

H12000216301 3

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ADM Old Dixie 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:

John E. Moore, III

Name of Person

Rossway Moore Taylor & Swan, PLC

Firm/Company

2101 Indian River Boulevard, Suite 200

Address

Vero Beach, FL 32960

City/State and Zip Code

jmoore@verobeachlawyers.com

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

For further information concerning this matter, please call:

John E. Moore, III

Name of Person

at (**772**)

231-4440

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

H12000216301 3

H12000216301 3

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

ADM Old Dixie LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 30 AM 7:54

The Articles of Organization for this Limited Liability Company were filed on 3/6/2008 and assigned
Florida document number L08000023984

This amendment is submitted to amend the following:

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

IPSAJACK, LLC

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:

(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 _____
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

H12000216301 3

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:

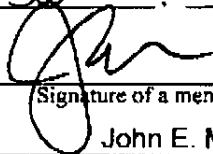
MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Sally A. Feely	2101 Indian River Boulevard, Suite 200 Vero Beach, FL 32960	☐ Add ☒ Remove
MGRM	Margaret Annas Graham	2101 Indian River Boulevard, Suite 200 Vero Beach, FL 32960	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated August 30th, 2012



(Signature of a member or authorized representative of a member)

John E. Moore, III, Managing Member

Typed or printed name of signee

Page 2 of 2

H12000216301 3

Filing Fee: \$25.00

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 12 AUG 30 AM 7:54