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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: JAKS ENTERPRISE GROVP, LUC  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:
STEVEN E. LITTLE IV
JAKS ENTERPRISE GROUP, LLC Firm/Company
52 TUSCAN WAY SHE ZOZ PMB 404 Address
St Augustine, FL 32092 City/State and Zip Code
St Augustine, FL 32092  City/State and Zip Code  Slittle C-tle new stimulus. (2)  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Steve Little at (904) 613-4701  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$} \text{Certified Copy} \\ \text{(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 ARTICLES OF ORGANIZATION 09 NOV 19 AM 1:25

FILED SEURETARY

JAKS Enterpr	rise Group, LLC	ON OUR TECOTOS.)	
(Name of the Limited L (A F	jability Company as it now appears lorida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liab Florida document number LØ8 Ø Ø Ø Ø 5		and assigned	
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company here	:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compan	y," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applical	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		or records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Fut	r Florida street address	
	Emer Floriau street aaaress		
	City	, Florida 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>Address</u> **Type of Action** <u>Title</u> <u>Name</u> 2001 RIVERS OWN Rd St Augustine, FL 32092 MGRM Mel F. Siebold MBR 1304 HOLMES LANDING DR WAdd DRANGE PARK, FL 32003 Remove ☐ Add ☐ Remove ☐ Add Remove Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Mel F. Siebold membership is limited to JAKS ENTERPRISE GROUP, LLC DBA ACCELERATED SOLUTIONS RETAIL, LLC 16, 2009 NOVEMBER Dated Signature of a member or authorized representative of a member STEVEN E. LITTLE IV Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00