

L09000057234

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
SEP 24 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TS JACOBI 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:

Brian Kelly

Name of Person

TS Jacobi LLC

Firm/Company

7401 Sarentino Ln

Address

Boynton Beach, FL 33437

City/State and Zip Code

brmkos8@hotmail.com

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

For further information concerning this matter, please call:

Brian Kelly

Name of Person

at (954) 815-0921

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

TS JACOB I 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 11, 2009 and assigned
Florida document number L09000057234

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 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)

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TALLAHASSEE, FLORIDA

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:

Brian Kelly

New Registered Office Address:

7401 Sarentino Ln

Enter Florida street address

Boynton Beach

City

Florida

33437

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.

Brian Kelly

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>Tyler Jacobs</u>	<u>7401 Sarentino Ln</u> <u>Boynton Beach, FL 33437</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGRM</u>	<u>Brian Kelly</u>	<u>7401 Sarentino Ln</u> <u>Boynton Beach, FL 33437</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGRM</u>	<u>Dustin Jacobs</u>	<u>7401 Sarentino Ln</u> <u>Boynton Beach, FL 33437</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGRM</u>	<u>Zachary Jacobs</u>	<u>7401 Sarentino Ln</u> <u>Boynton Beach, FL 33437</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGRM</u>	<u>Michael Jacobs</u>	<u>6239 Jacobs Rd</u> <u>Macon, IL 62544</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGRM</u>	<u>Trudy Jacobs</u>	<u>6239 Jacobs Rd</u> <u>Macon, IL 62544</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

SECRETARY OF STATE
JAMES A. HASSELT
TALLAHASSEE, FLORIDA

10 SEP 23 PM 19

FILED

Dated September 20, 2010.

Tyler Jacobs
Signature of a member or authorized representative of a member

TYLER JACOBS

Typed or printed name of signee