L090001060287

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RECRETARY OF STATE

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COVER LETTER

Division of Cor	porations		
SUBJECT.	JACKSON BROTHERS	TICKETS 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:	
		CARLTON CUNNINGHAM	•
		Name of Person	
	MAGNUS	S FLAWS & COMPANY, CPA'S, P	.A.
		Firm/Company	
	2	02 CRYSTAL GROVE BLVD	
		Address	
		LUTZ, FL 33548	
		City/State and Zip Code	
		EB@SBASERVICES.US to be used for future annual report notific	cation)
For further information c	oncerning this matter, please ca	all:	
CARLTON CUNNING	łam	813 909-0599 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1. 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

JACKSON BROTHERS TICKETS LLC	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed of Florida document number L09000106287.	on 10-1-2004 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny 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:	The state of the s
(Principal office address MUST BE A STREET ADDRESS)	70 Vi
	₩ 71.4 co
	of s
Enter new mailing address, if applicable:	SZ F
(Mailing address MAY BE A POST OFFICE BOX)	02 DA
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	ss on our records, enter the name of the no
Name of New Registered Agent:	
New Registered Office Address:	
Ente	er 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 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.

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>	Address	Type of Action
VP	HOPE JACKSON	18706 CHEMILLE DR	Add
		LUTZ, FL 33558	□ Remove
			☐ Change
			Add
			□ Remove
			□ Change
			Add
			□ Remove
			Change
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an effect ote: If	e date, if other than the dative date is listed, the date must be the date inserted in this blocates effective date on the Dep	e specific and cannot be prior to date of filing or more thatk does not meet the applicable statutory filing requ	(optional) an 90 days after filing.) Pursuant to 605.0207 (3)(b) direments, this date will not be listed as the
reco The 9	ord specifies a delayed e Oth day after the recor	effective date, but not an effective time, d is filed.	at 12:01 a.m. on the earlier of:
ited	August 1st	, 2016	
	Carlton Cus	iningham	Shirt and the state of the stat
		gnature of a member or authorized representative of a m	**********
	0-4	CDA	
	Carlton Cunningh	Typed or printed name of signee	%2× ∞
			OF STA
		Page 3 of 3	101 11.S.1

Filing Fee: \$25.00