

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.

(((H16000134460 3)))



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 : FISHER, TOUSEY, LEAS & BALL

Account Number: I19990000021 Phone : (904)356-2600 Fax Number : (904)355-0233

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

| Email | Address: | | | |
|-------|----------|--|--|--|
| | | | | |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MOJO Q HOLDINGS, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu

https://efile.sunbiz.org/scripts/efilcovr.exe

Corporate Filing Menu

Help

9043550233

Fisher, Tousey, Leas, Ball

04:58:52 p.m.

06-01-2016

275

H16000134460

COVER LETTER

| | ision of Corp | | | |
|----------------|--------------------|---|---|--|
| UBJECT: | Mojo Q Hol | dings, LLC | | |
| CDGEC1. | | | ted Liability Company | |
| he enclosed | Articles of A | Amendment and fee(s) are subr | nitted for filing. | |
| lease return | all correspor | ndence concerning this matter (| to the following: | |
| | | Marvin Kloeppel | | |
| | | | Name of Person | |
| | | Fisher Tousey Leas & Ball | , P.A. | |
| | | | Firm/Company | |
| | | 501 Riverside Avenue, Sui | te 600 | |
| | | | Address | |
| | | Jacksonville, Florida 3220 | 2 | |
| | | | City/State and Zip Code | |
| | | tlv@fishertousey.com | | |
| | | E-mail address: (| to be used for future annual report notifi | cation) |
| For further in | nformation c | oncerning this matter, please co | ıll: | |
| Marvin Kloo | eppel | | 904 356-2600 nt () | |
| | Name o | f Person | Area Code Daytime | Telephone Number |
| Enclosed is a | a check for th | ne following amount: | | |
| \$25.00 F | Filing F cc | ☐ \$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

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

| Mojo Q Holdings, LLC | | |
|---|--|--|
| (<u>Name of the Limited L</u> (A F | inbility Company as it now appears on ou lorida Limited Liability Company) | r records.) |
| The Articles of Organization for this Limited Liabi | lity Company were filed on November | r 5, 2010 and assigned |
| Florida document number L10000115706 | | <u></u> |
| This amendment is submitted to amend the following | ng: | |
| A. If amending name, enter the new name of the | e limited liability company here: | |
| The new name must be distinguishable and contain the words | s "Limited Liability Company," the designat | ion "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicabl | e: | |
| (Principal office address MUST BE A STREET A | (DDRESS) | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BO | <u> </u> | |
| | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: | | records, enter the name of the new |
| New Registered Office Address: | | |
| | Enter Florida str | |
| | City | Florida Zip Code |
| New Registered Agent's Signature, if changing Reg | • | Zip Code |
| I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the region company has been notified in writing of this ch | ngent and agree to act in this capac and complete performance of my d red agent as provided for in Chapt ristered office address, I hereby con ange. | uties, and I am familiar with and er 605, F.S. Or, if this document is afirm that the limited liability limited liability light and liability light and light ligh |
| | Page 1 of 3 | TATE ORID |
| | T MEC T OF C | |

If amending Authorized Person(s) authorized to manage, enter the title, name, and address or each person being auded or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|-------------------|-----------------------------|----------------|
| MGRM | Todd S. Lineberry | 11082 Sentry Oak Court | □ Add |
| | | Jacksonville, Florida 32256 | ■ Remove |
| | | | Change |
| MGR | Todd S. Lineberry | 11082 Sentry Oak Court | |
| | | Jacksonville, Florida 32256 | □ Remove |
| | | | □ Change |
| | | | □ Add |
| | | | Remove |
| | | | Change |
| | | | Add |
| | | | Remove |
| | | | Change |
| | | | □ Add |
| | | | ☐ Remove |
| | | | Change |
| | | | Remove |
| | | | Change |

| | | | _ | | | | | | |
|---|---|---|---|---|----|----|------|----|--|
| ٥ | Λ | A | 7 | _ | 50 | ٦. | ١: | ,, | |
| " | u | | _ | Э | 31 | J. | Z _: | | |

| | Fisher, Tousey, Leas, Ball | | 04:59:30 p.m. | 06-01-2016 F1 LOUUU j | | | | | | | |
|--|---|---|---|---|--|--|--|--|--|--|--|
| | ending any other information, enter chang | | | יכזב., | | | | | | | |
| - | Article IV, Management, is to be deleted in its e | ntirety and the following to be in | serted in its stead: | * | | | | | | | |
| - | Article IV, Management | | | | | | | | | | |
| - | The Limited Liability Company is to be a mana | d Liability Company is to be a manager-managed within the meaning of the Florida Revised Limited | | | | | | | | | |
| - | Liability Company Act. | | | | | | | | | | |
| - | Article V, Members, is to be deleted in its entire | ety and the following to be insert | ed in its stend: | | | | | | | | |
| 7 | Article V, Manager | | | | | | | | | | |
| • | The name and address of the manager of the Li | nited Liability Company is: | | | | | | | | | |
| 7 | Todd S. Lineberry | | | | | | | | | | |
| _ | 11082 Sentry Oak Court | 1082 Sentry Oak Court | | | | | | | | | |
| - | Jacksonville, Florida 32256 | | | | | | | | | | |
| | | | | | | | | | | | |
| - | | | | | | | | | | | |
| - | | | | | | | | | | | |
| - | | | | | | | | | | | |
| - | | • | | | | | | | | | |
| | | · | • | | | | | | | | |
| - | | | | | | | | | | | |
| - | | | | | | | | | | | |
| n efi <u>ite:</u> | tive date, if other than the date of filing: _ Tective date is listed, the date must be specific and can If the date inserted in this block does not meet nent's effective date on the Department of State | the applicable statutory filing re- | (options) than 90 days after fility quirements, this day | ing.) Pursuant to 605.0207 | | | | | | | |
| n eff o <u>te:</u> cum | Tective date is listed, the date must be specific and can If the date inserted in this block does not meet | the applicable statutory filing re- 's records. | than 90 days after fili quirements, this da | ing.) Pursuant to 605.0207 ate will not be listed as | | | | | | | |
| n eff ote: cum re- The | Tective date is listed, the date must be specific and can If the date inserted in this block does not meet nent's effective date on the Department of State cord specifies a delayed effective date a 90th day after the record is filed. | the applicable statutory filing re- 's records. | than 90 days after fili quirements, this da | ing.) Pursuant to 605.0207 ate will not be listed as | | | | | | | |
| n eff o <u>te:</u> cum re: The | Tective date is listed, the date must be specific and can If the date inserted in this block does not meet nent's effective date on the Department of State accord specifies a delayed effective date a 90th day after the record is filed. May 31 | the applicable statutory filing rec's records. e, but not an effective time | than 90 days after filing quirements, this day at 12:01 a.m | ing.) Pursuant to 605.0207 ate will not be listed as | | | | | | | |
| n eff ote: cum re- The | Tective date is listed, the date must be specific and can If the date inserted in this block does not meet nent's effective date on the Department of State accord specifies a delayed effective date a 90th day after the record is filed. May 31 | the applicable statutory filing re- 's records. e, but not an effective time | than 90 days after filing quirements, this day at 12:01 a.m | ing.) Pursuant to 605.0207 ate will not be listed as | | | | | | | |
| n eff ote: cum re- The | Tective date is listed, the date must be specific and can If the date inserted in this block does not meet nent's effective date on the Department of State accord specifies a delayed effective date a 90th day after the record is filed. May 31 | the applicable statutory filing records. e, but not an effective time 2016 ber or authorized representative of a | than 90 days after filing quirements, this day at 12:01 a.m | ing.) Pursuant to 605.0207 ate will not be listed as | | | | | | | |

Filing Fee: \$25.00

Page 3 of 3