

L10000124846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Amend

06/26/15--01029--015 **80.00

FILED
2015 AUG 19 AM 11:58
CLERK OF STATE
TALLAHASSEE, FLORIDA

AUG 20 2015
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Face Tagg, 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:

Jordan K. Stoner

Name of Person

Face Tagg, LLC

Firm/Company

13785 Herons Landing Way Unit #4

Address

Jacksonville FL 32224

City/State and Zip Code

jordankstoner@gmail.com

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

For further information concerning this matter, please call:

Name of Person at (_____) _____
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

Jordan K Stoner

13785 Herons Landing Way Unit #4
Jacksonville, FL 32224
904-468-0777
jordankstoner@gmail.com

August 12, 2015

Florida Department of State Divisions of Cooperations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern,

JKS.Film, LLC is releasing it's name to Face Tagg, LLC. We are the same people, we are just releasing the name (JKS Film, LLC) to be used by Face Tagg, LLC. Please contact me if you have anymore questions or concerns. Thank you.

Sincerely yours,

Jordan K Stoner
Jordan K Stoner

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

FILED

Face Tagg, LLC

2015 AUG 19 AM 11:58

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

CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12-6-2010 and assigned Florida document number L10000124846.

This amendment is submitted to amend the following:

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

JKS Film, LLC

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:

(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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Brescia Schmick	13785 Herons Landing Way Unit #4	<input checked="" type="checkbox"/> Add
		Jacksonville FL 32224	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

E. Effective date, if other than the date of filing: 8-12-15 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

8-12-15

Signature of a member or authorized

Signature of a member or authorized representative of a member

Jordan K Stiner

Typed or printed name of signee