

L11000012378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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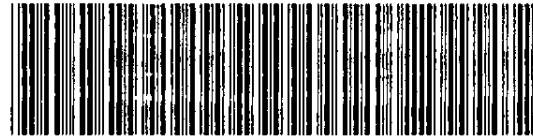
(Business Entity Name)

(Document Number)

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11 MAR 28 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
MAR 29 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JAGGIE'S DESIGNER OUTLET 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:

JUAN CARLOS JACKS
Name of Person

JAGGIE'S DESIGNER OUTLET LLC.
Firm/Company

1568 IVES DAIRY ROAD
Address

NORTH MIAMI BEACH FL. 33179
City/State and Zip Code

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

FLOYD ALLEN at (754) 204-8087
Name of Person 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

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

JAGGIE'S DESIGNER OUTLET 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 01/31/2011 and assigned Florida document number L11000012378.

This amendment is submitted to amend the following:

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

NA
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)

1568 IVES DAIRY ROAD
N. M. B. FL. 33179

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME

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:

JULIAN JACKS

New Registered Office Address:

1568 IVES DAIRY RD.

Enter Florida street address

N. M. B.

City

Florida

FL. 33179

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.

JULIAN JACKS
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>
MGR	FLOYD S. ALLEN	1568 IVES DAIRY RD. N. W. 6. FL 33179	<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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TALLAHASSEE, FLORIDA

Dated 03/24/2011

Signature of a member or authorized representative of a member

FLOYD S. ALLEN
Typed or printed name of signee