# L110000080607

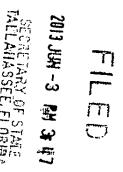
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
JUN - 4 2013 A. LUNT			

Office Use Only



900248407219

06/03/13--01002--011 \*\*25.00



### **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT:

David-Jacobs Publishing Group, 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:

# Josh Wattam and Sam Wattam

Name of Person

David-Jacobs Publishing Group, LLC

Firm/Company

14502 N Dale Mabry Hwy Suite 332

Address

Tampa, FL. 33618

City/State and Zip Code

joshw@davidjacobspg.com

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

For further information concerning this matter, please call:

Josh Wattam or Sam Wattam

୍813 ୍898-2809 or 813-898-2<u>ଞ୍ଚିତ୍ର</u>

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

David-Jacobs Publishing G			
( <u>Name of the Limited</u> (A	Liability Compar Florida Limited I	ny as it now appears on our liability Company)	· records.)
The Articles of Organization for this Limited L Florida document number L11000080607			
This amendment is submitted to amend the follow.  A. If amending name, enter the new name or	_	nility company here:	TAPLAHASS
The new name must be distinguishable and end wit "L.L.C."	th the words "Limi	ited Liability Company," the	
Enter new principal offices address, if applic	able:	14502 N Dale Mabry Hwy Suite 332	
(Principal office address MUST BE A STREET ADDRESS)		Tampa, FL. 33618	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		14502 N Dale Mabry Hwy Suite 332 Tampa, FL. 33618	
B. If amending the registered agent and/ registered agent and/or the new registered of Name of New Registered Agent:		<u>e</u> :	ords, enter the name of the new
New Registered Office Address:	14502 N Dale Mabry Hwy Suite 332		
		Enter Florida street address	
	Tampa		, Florida 33618
		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 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.

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 **Title** <u>Address</u> **Type of Action Name** Josh Wattam 14502 N Dale Mabry Hwy Suite 332 **MGRM** Tampa, FL. 33618 Remove Sam Wattam 14502 N Dale Mabry Hwy Suite 332 **MGRM** Tampa, FL. 33618 Remove 1599 Belleair Lane **Jacob Wattam** MGR Clearwater, FL. 33764 Remove Remove Remove

). If amending any other informa	tion, enter change(s) here: (Attach additional s	heets, if necessary.)
		<u> </u>
<sub>bated</sub> 5/29	2013	
/		
Sig	nature of a member of authorized representative of a	member
Josh Wattam 8	Sam Wattam	
1	Typed or printed name of signee	<del></del>
,	Page 3 of 3	

Filing Fee: \$25.00

2013 JUN - 3 RN 3 48