

LI1000088020

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

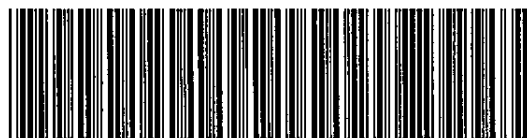
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FLORIDA

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FEB 25 2014

F CLINE

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Jacobs & Davis, P.L.  
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:

Tiffany Davis Jacobs

Name of Person

Jacobs & Davis, P.L.

Firm/Company

2145 14th Avenue, Ste. 22

Address

Vero Beach, FL 32960

City/State and Zip Code

td@jacobsdavis.com

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

For further information concerning this matter, please call:

Tiffany Davis Jacobs

772 778-2115

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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TALLAHASSEE, FLORIDA

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**TO  
ARTICLES OF ORGANIZATION  
OF**

Jacobs & Davis, P.L.

(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 8/1/11 and assigned  
Florida document number L11000088020.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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:

Tiffany Davis Jacobs

New Registered Office Address:

2145 14th Avenue, Ste. 22

Enter Florida street address

Vero Beach

Florida

32960

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

Authorized Member 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>                      |
|--------------|--|---|--|
| MGRM         | LAW OFFICES OF CHRISTOPHER J. JACOBS, P.A. | 2145 14TH AVE., STE. 22, VERO BEACH, FL 32962 | <input type="checkbox"/> Add               |
|              |  |   | <input checked="" type="checkbox"/> Remove |
| MGRM         | TIFFANY ANN DAVIS, P.A.                    | 2145 14TH AVE., STE. 22, VERO BEACH, FL 32962 | <input type="checkbox"/> Add               |
|              |  |   | <input checked="" type="checkbox"/> Remove |
| MGRM         | CHRISTOPHER J. JACOBS                      | 2145 14TH AVE., STE. 22, VERO BEACH, FL 32962 | <input type="checkbox"/> Add               |
|              |  |   | <input type="checkbox"/> Remove            |
| MGRM         | TIFFANY DAVIS JACOBS                       | 2145 14TH AVE., STE. 22, VERO BEACH, FL 32962 | <input checked="" type="checkbox"/> Add    |
|              |  |   | <input type="checkbox"/> Remove            |
|              |  |   | <input type="checkbox"/> Add               |
|              |  |   | <input type="checkbox"/> Remove            |
|              |  |   | <input type="checkbox"/> Add               |
|              |  |   | <input type="checkbox"/> Remove            |

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14TH JUDICIAL CIRCUIT  
PALM BEACH, FL 33401

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February 19, 2014.



Signature of a member or authorized representative of a member

TIFFANY DAVIS JACOBS

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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