L12000066850

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TO:

Registration Section
Division of Corporations

THE KEPT WIFE LLC SUBJECT: _ 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: SHANNON PATEL Name of Person Firm/Company 4911 AUTUMN RIDGE DR Address **WESLEY CHAPEL FL 33545** City/State and Zip Code STEPHANTE@ABSACCOUNTING.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SHANNON PATEL Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☑ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabilit (A Florida	ty Company as it now appears on our record Limited Liability Company)	<u>(ds.)</u>
The Articles of Organization for this Limited Liability C Florida document number L12000066850	ompany were filed on 05/17/2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
JAX MULTIMEDIA AND TRADING LLC		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	(ESS)	20 21
		35 6 11
		0 1
Enter new mailing address, if applicable:	 	
Mailing address MAY BE A POST OFFICE BOX		The N
		Fe ₁ —
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	d office address on our records, <u>enter</u>	r the name of the new regis
New Descriptored Office Address.		
New Registered Office Address:	Enter Florida street addre	255
	, F	lorida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

THE KEPT WIFE LLC.

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>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□ Remove
			Change
			2021 Change Change
		10 to	Remove
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 9 \sim E. Effective date, if other than the date of filing: __ (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. 8/25/2021 Signature of a member of authorized representative of a member SHANNON PATEL

DU D 005.00

Typed or printed name of signee