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(Re	equestor's Name)	
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: JAC	O HOLDING L	LC	
SUBJECT:		ted Liability Company	· ·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	, ·
	Justin	Name of Person	
		Name of Person	
	SALO	HOLONG LLC	
		Firm/Company	
	27535 PINE	POINT DOVE	
	WESLEY CA	City/State and Zip Code Solve	
	,	City/State and Zip Code	
	USTIN . Old E-mail address: (t	o be used for future annual report notification	on)
For further information co	oncerning this matter, please ca	•	
JUSTIM	1 DUN	at (1)7 967-01 Area Code & Daytime Te	61
Name of	Person	Area Code & Daytime Te	elephone Number
Protocol in a street 6 of	- C-31		
Enclosed is a check for th	_		
\$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

FILED 2013 FEB -7 AM II: 57

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

Hornwo LL

The Articles of Organization for this Limited Liability Company were filed on <u>January</u> Florida document number <u>L130000 (0723</u> .	, 22,2013 and assigned
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 "L.L.C."	designation "LLC" or the abbreviation
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 recregistered agent and/or the new registered office address here: Name of New Registered Agent:	ords, <u>enter the name of the new</u>
New Registered Office Address:	
Enter Flor	rida 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 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 **Address** Type of Action Title **Name** 27535 PINE POINT PA

Add

WESLEY CHAPA, FL 33544

Remove MGM JESSICA OLDS Remove Remove

•	
2/3/13 01	February 3, 2013
43/12 00	100049
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

CRETARY OF STATE

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