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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

JACKSON INVESTMENTS, 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:

RICHARD ROBERTS

Name of Person

JACKSON INVESTMENTS, LLC

Firm/Company

509 E. JACKSON STREET

Address

TAMPA, FL 33602

City/State and Zip Code

RICK @RSCPA.NET

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

For further information concerning this matter, please call:

RICHARD ROBERTS

at (813) 225-1040

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

JACKSON INVESTMENTS, 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 MARCH 19, 2013 and assigned Florida document number L1300041008 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 "LEC" or the abbreviation "L.L.C." 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: New Registered Office Address: Enter Florida street address _, Florida ___ City

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.

MGR = Manager MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address <u>T</u>	ype of Action	
MGRM	KEVIN MCGUINNESS	509 E. JACKSON STRET	Add	
		TAMPA, FL 33602	Remov	
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		17 E	5	
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	n, enter change(s) here: (Attach additional sheet	s, y necessary.)
 		
OCTOBER 30	2013	
WA No	lots	
RICHARD ROBE	ire of a member or authorized representative of a mer	nber
110111111111111111111111111111111111111	Typed or printed name of signee	
	Page 3 of 3	2013
	Filing Fee: \$25.00	2013 NOV -5