LIBOOOA AOTIT

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
		,
(Cit)	//State/Zip/Phone) #)
	•	,
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	ne)
(5.5.		,
	cument Number)	
(100)	sument Number)	
0-45-40.	0 17 1	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	ļ
		ļ

Office Use Only



100259803591

05/06/14--01002--007 **25.00

2014 JUN -2 PH 1: 15

JUN 0 3 2014

Division of Corporations

May 13, 2014

JACKIE RANDEL 5055 CEDAR SPRINGS DR #201 NAPLES, FL 34110

SUBJECT: JACK IN THE HOUSE, LLC

Ref. Number: L13000120717

We have received your document for JACK IN THE HOUSE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 014A00010203

www.sunbiz.org

COVER LETTER

Division of Corp				
SUBJECT:	JACK IN THE Name of Limit	ted Liability Company	<u> </u>	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	JACK	Name of Person		
	JACK	IN the House	se LLC	
	2022 (Address Spring	S DR #201	
	Naples	FL 34// City/State and Zip Code	0	
	TUST TAC E-mail address: (KIE 98 DEAR TH to be used for future annual report notific	link. net	**************************************
For further information co	ncerning this matter, please ca	ill:	#-2	CERNOTH .
JACKIE Name of	Randel	at (23 9) 450 - Area Code Daytime	1265 3	Antonial Control of the Control of t
Enclosed is a check for the	e 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
Cliffon Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JACK I	N the	House	LLC			
(Name of the Limit	ed Liability Company (A Florida Limited Li	y as it now appears o ability Company)	n our records.)			
The Articles of Organization for this Limited L Florida document number <u>L13 000 2</u>		vere filed on T	N. 19, 201	4 and as	signed	
This amendment is submitted to amend the follow	owing:					
A. If amending name, enter the new name of	f the limited liabil	ity company here	:			
The new name must be distinguishable and end with the	1 60 ° 2 1 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	Commence 224ha dan	:		4 1 C 2	e Tanakan di Salah
		my Company, the des	assistant tree or me s	tonica let lett	IALAC.	
Enter new principal offices address, if applic						_
(Principal office address MUST BE A STREE	<u>I ADDRESS)</u>			78.33 (###
				300	- - - - 7	pestos
Enter new mailing address, if applicable:				***16.	P [77.
(Mailing address MAY BE A POST OFFICE	BOX)			<u> </u>		A PERSONAL PROPERTY AND INC.
					-5	_
B. If amending the registered agent and registered agent and/or the new registered of			our records, <u>enter</u>	the name	of the	new
Name of New Registered Agent:		e Rav				_
New Registered Office Address:	5055	Ced AR Enter Florida	SP PINGS a street address	DR	#=	<u> </u>
	Maples	City	, Florida	34/1 Zip Code	0	
New Registered Agent's Signature, if changing I	Registered Agent:					
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as regi being filed to merely reflect a change in the	er and complete p istered agent as pr	performance of m rovided for in Cha	y duties, and I am apter 605, F.S. Or,	familiar wi if this doc	ith and cument i	

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

company has been notified in writing of this change.

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	anager utborized Member		
<u>Title</u>	Name /	Address	Type of Action
	-M/A	 	
	Ι'		[] Remove
			Remove
		 	
			Add
		<u> </u>	Add
			Remove 2
			CO Add
			
			□ Remove

fective date, if ot	her than the date of filing: (optional) he specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
effective date must b	c specific, entire to prior to dute of receipt or rise a date and entire to rise a unit > and so and
e effective date must be e date this document i	s filed by the Florida Department of State)
ne date this document i	s filed by the Florida Department of State)
the date this document i	s filed by the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00

2014 JUN -2 PH 1: 15