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	Business Entity Name)
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MAY 0 4 2016 J SHIVERS



April 25, 2016

FRANCES JACKSON 511 ROYAL GREENS DR TEMPLE TERRACE, FL 33617

SUBJECT: FM JACKSON ENTERPRISES, LLC

Ref. Number: L13000128518

We have received your document for FM JACKSON ENTERPRISES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 416A00008442

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

I M JACKSON ENTERFRISES,			
(<u>Name of the Lim</u>	ited Liability Compa (A Florida Limited I	ny as it now appears on our Liability Company)	records.)
ne Articles of Organization for this Limited I orida document number L13000128518	_iability Company	were filed on SEPT.10,2	2013 and assigned
is amendment is submitted to amend the fol	lowing:		
If amending name, enter the new name	of the limited liab	ility company here:	
ida document number L13000128518 s amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." er new principal offices address, if applicable: Incipal office address MUST BE A STREET ADDRESS) N/A Principal office address, if applicable: Incipal address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the intered agent and/or the new registered office address here:			
new name must be distinguishable and contain the	the following: name of the limited liability company here: ain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Tapplicable: STREET ADDRESS) N/A Die: N/A TFICE BOX) At and/or registered office address on our records, enter the name of the tered office address here: 11: N/A		
iter new principal offices address if appli	cahle:		
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nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>)		N/A	
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			records, enter the name of the
Name of New Projectors & Agents	N/A		TO A IT
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida stree	
	N/A		Florido
	-110 1 1 1 2 2 2 1 1 1	City	, Florida

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

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
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re date, if other than the date of filing:	If the date inserted in this block does not meet the applical	o date of filing o	r more than 90 day	(optional)	ursuant	to 60
	nent's effective date on the Department of State's records.	•				
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Page 3 of 3

Filing Fee: \$25.00