## 213000129134

(Re	questor's Name)	<u>.                                      </u>
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO:	Registration Se Division of Cor		•			
eno ir		COW JAX, LLC				
SUBJE	CI:	Name of Lim	ited Liability Company			
		Amendment and fee(s) are submodence concerning this matter				
		Regina M. Heffington				
			Name of Person			
		Silver Cow Jax, LLC				
			Firm/Company			
		7631 Rolling Hills Drive			2-13 OCT 29 P	a
			Address		CI	,
		Jacksonville, FL 32221			29 (	77
			City/State and Zip Code		Ū	-
		info@silvercowjax.com			65 E # P	
		E-mail address: (	to be used for future annual report notific	cation)	· · ·	
For furt	her information o	oncerning this matter, please ea	all:			
Regina	M. Heffington		407 929-1412 at ( )			
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclose	ed is a check for th	he following amount:				
\$25	i.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 State Certified Copy (additional copy is ene		
		ING ADDRESS		n a populació		

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

Silver Cow Jax, LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on September 12, 2013	and assigned
Florida document numberL13000129134		
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 contain the words "Limited	Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u>s)</u>	
Enter new mailing address, if applicable:		13. 13.
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		72
		T :
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		<del></del>
registered agent and with the step registered white address		. <del>.</del>
Name of New Registered Agent:		<del> </del>
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	Zip Code
	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 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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te: If the c	te, if other than the date late is listed, the date must be s date inserted in this block of fective date on the Depart	loes not meet th	ie applicable sta	f filing or more than 90 cutory filing requirem	(optional) days after filing.) Pu ents, this date will	rsuant to 605.020 not be listed a
	pecifies a delayed eff day after the record		but not an e	fective time, at 1	2:01 a.m. on	the earlier o
ted	October 25	201	8			
			 PL			

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Typed or printed name of signee

Filing Fee: \$25.00