

L13000152053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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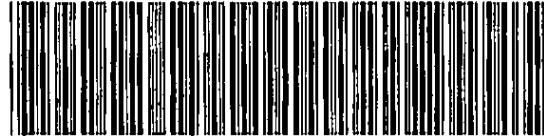
(Business Entity Name)

(Document Number)

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2017 JUL 20 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FL 32310

K SALY

JUL 25 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ancient Jow, 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:

Ollie Vaughn
Name of Person

Ancient Jow, LLC
Firm/Company

3700 Danesborough Dr.
Address

Tallahassee, FL 32303
City/State and Zip Code

Tonvaughne@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ollie Vaughn at (850) 363-1436
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

Ancient Jow, LLC

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on October 28, 2013 and assigned Florida document number L13000152053.

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 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:

Ollie Vaughn

New Registered Office Address:

Enter Florida 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 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.

Ollie Vaughn

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

Title	Name	Address	Type of Action
		Principal Address	
President	Vaughn, Tonya	1712 Cordell Dr.	<input type="checkbox"/> Add
mGR	mailing address:		
AMBR	3700 Danesborough Dr.	Tallahassee, FL	<input checked="" type="checkbox"/> Remove
	Tallahassee, FL 32303		
		32303	<input type="checkbox"/> Change
		Principal Address	
President	Vaughn, Ollie	1712 Cordell Dr.	<input checked="" type="checkbox"/> Add
mGR	mailing address:		
AMBR	3700 Danesborough Dr.	Tallahassee, FL	<input type="checkbox"/> Remove
	Tallahassee, FL 32303		
		32303	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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2011 JUL 29 PM 4:29
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

2011 JUL 20 PM 4: 27
SECRETARY OF STATE
WASHINGTON, D.C.

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2017 JUL 20 PM 4:29
CLERK OF DISTRICT COURT
FALL RIVER, MASS.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated July 17, 2017.

Signature of a member or authorized representative of a member

Ollie Vaughn
Typed or printed name of signee