## 113000173741

· (R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



200299823192

06/16/17--01016--019 \*\*25.00

DIVISION OF CORPORATIONS

O SIMMONS JUN 1 9 2017

## **COVER LETTER**

	tration Se ion of Cor					
eublect.	Greg of the	Jungle, LLC				
SUBJECT:Name of Limited Liability Company						
The enclosed A	Articles of	Amendment and fee(s) are sub	mitted for filing.			
		ndence concerning this matter				
		Tina Punch				
Name of Person						
		Greg of the Jungle, LLC				
			Firm/Company			
		104 Gay Gayle Terrace				
			Address			
		Daytona Beach, FL 32118				
	11	tinapunch@gmail.com	City/State and Zip Code			
For further info	remation of	e-mail address: (	to be used for future annual report not			
_	ortifaction CC	moerning this matter, prease of				
Tina Punch  386 479-6270  at ()  Name of Person  Area Code  Daytime Telephone N		ne Telephone Number				
	Name of	rerson	Area Code Dayun.	te Telephone Puntoei		
Enclosed is a c	heck for th	e following amount:				
■ \$25.00 Fili	ng 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)		
	Registra Division P.O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co	rations		

2700,000

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Greg of the Jungle, LLC		
(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.) y)
The Articles of Organization for this Limited I	Liability Company were filed on	December 17, 2013 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company	<u>here</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," th	
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	17 JUN 16 PH 2: 28 DIVISION OF CORFORATION
		of 5
		PH
Enter new mailing address, if applicable:		12: C
Mailing address MAY BE A POST OFFICE	F ROX)	200
mung dairess WAT DE A 1 OST OFFICE		<del>&gt;</del>
B. If amending the registered agent and registered agent and/or the new registered of		on our records, enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:	104 Gay Gayle Terrace	
	Enter F	Florida street address
	Daytona Beach	, Florida 32118
	·	, rioria

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 Address **Type of Action Title Name** □ Add ☐ Remove ☐ Change  $\square$  Add 17 gun 1 ge PH 2: 2 □ Remove ☐ Change □ Add ☐ Remove ☐ Change \_□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

· '			
_	•		
_			
_	<u> </u>		
_		17 J	
		ISION OF CORFORATIONS	ا سب
_		<u> </u>	ľ
		FO 7:	Ţ
_		1104S	
_	•		
_			
Note: I	re date, if other than the date of filing:	ursuant to 605.020	07 (3) is the
iocume	nt's effective date on the Department of State's records.		
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on 90th day after the record is filed.	the earlier	of:
Dated _	Signature of a member or authorized representative of a member		
	Signature of a monitor of authorized representative of a monitor		
	Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00