

L14000001178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

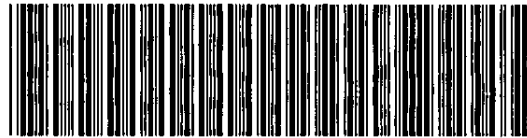
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500265699185

10/24/14--01023--016 **30.00

FILED
2014 OCT 24 P 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

OCT 27 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

Black Jack Soap Company LLC

SUBJECT: _____
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:

Allison Grahame

Name of Person

Black Jack Soap Company LLC

Firm/Company

440 San Juan Ave.

Address

Santa Rosa Beach, FL 32459

City/State and Zip Code

allisongrahame@outlook.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Allison Grahame

850

879-7296

at (_____) _____

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 OCT 24 P 4:12

FILED

**TO
ARTICLES OF ORGANIZATION
OF**

Black Jack Soap Company LLC

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

The Articles of Organization for this Limited Liability Company were filed on 01/01/2014 and assigned
Florida document number L14000001178

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 end with 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:

New Registered Office Address:

Enter Florida street address

City

Florida

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

Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Allison Paige Askey	440 San Juan Ave.	<input type="checkbox"/> Add
		Santa Rosa Beach, FL	<input checked="" type="checkbox"/> Remove
		32459	
MGR	Allison Paige Grahame	440 San Juan Ave.	<input checked="" type="checkbox"/> Add
		Santa Rosa Beach, FL	<input type="checkbox"/> Remove
		32459	
AMBR	Kaitlyn Windy Grahame	440 San Juan Ave.	<input type="checkbox"/> Add
		Santa Rosa Beach, FL	<input checked="" type="checkbox"/> Remove
		32459	
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
2014 OCT 24 PM 12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Allison Paige Grahame (maiden name "Askey") to be sole owner of Black Jack

Soap Company LLC located at 440 San Juan Ave., Santa Rosa Beach, FL

32459. Allison Grahame to own 100% of Black Jack Soap Co. LLC

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 4th 2014


Signature of a member or authorized representative of a member

Allison Grahame

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2014 OCT 24 P 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED