

L14000064608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

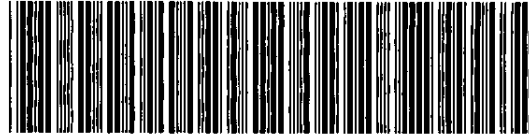
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 AUG 22 PM 4:45

FILED

T. Burt AUG 22 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **OPERATIONS SUPPORT GROUP JAX 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:

KEVIN J. HACKETT CPA

Name of Person

FIRST COAST TAX & ACCOUNTING

Firm/Company

5576-2 TIMUQUANA RD

Address

JACKSONVILLE, FL 32210

City/State and Zip Code

KHACKETT@FIRSTCOASTTAX.COM

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

For further information concerning this matter, please call:

KEVIN J. HACKETT CPA at (**904**) **771-1040**

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 11, 2014

KEVIN J HACETT CPA
5576-2 TIMUQUANA RD
JACKSONVILLE, FL 32210

SUBJECT: OPERATIONS SUPPORT GROUP JAX LLC
Ref. Number: L14000064608

We have received your document for OPERATIONS SUPPORT GROUP JAX LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return 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.

Tim Burch
Regulatory Specialist II

Letter Number: 814A00017214

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

OPERATIONS SUPPORT GROUP JAX, 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 APRIL 21, 2014 and assigned Florida document number L14000064608.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

12058 SAN JOSE BLVD

SUITE 501

JACKSONVILLE, FL 32223

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12058 SAN JOSE BLVD

SUITE 501

JACKSONVILLE, FL 32223

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:

N/A

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or 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>
MGR	SANDRA SALLETTE	12215 MAYORS DR	<input type="checkbox"/> Add
		JACKSONVILLE, FL	<input checked="" type="checkbox"/> Remove
		32223	
MGR	RONALD W. BARNES	12215 MAYORS DR	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL	<input type="checkbox"/> Remove
		32223	
MGR	WARREN A. CROSS	516 S. BRIDGE CREEK DR	<input checked="" type="checkbox"/> Add
		SAINT JOHNS, FL	<input type="checkbox"/> Remove
		32259	
MGR	MARTIN E. MURRAY	8367 38TH ST. CIRCLE E.	<input checked="" type="checkbox"/> Add
		SARASOTA, FL	<input type="checkbox"/> Remove
		34243	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

