| (Re                     | questor's Name)   |              |
|-------------------------|-------------------|--------------|
| (Ad                     | dress)            | <del>.</del> |
| (Ad                     | dress)            |              |
| (Cit                    | y/State/Zip/Phone | e #)         |
| PICK-UP                 | ☐ WAIT            | MAIL         |
| (Bu                     | siness Entity Nar | me)          |
| (Do                     | cument Number)    |              |
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2024 FEB - 2 PH 5: 57

# •

## To Whom it May Concern,

Included with this filing is the contact information for myself:

Kimberly G. Erturk

727-687-4242

kimberlyerturk@gmail.com

Return Address:

7347 Conch Boulevard

Seminole, FL 33777

Kimbuly & Ethick

#### **COVER LETTER**

TO: Registration Section

| Division of Cor                        | porations                       |   |  |  |
|--|---------------------------------|---|--|--|
| C. Jaxon Pr                            | operties, LLC                   |   |  |  |
| SUBJECT:                               | Name of Lim                     | ited Liability Company  |  |  |
| The englaced Actions of                | Amendment and fee(s) are sub    | mitted for filing   |  |  |
| The enclosed Articles of               | Amendment and fee(s) are sub    | initied for ming.   |  |  |
| Please return all correspo             | ndence concerning this matter   | to the following:   |  |  |
|  | Kimberly G. Erturk              |   |  |  |
|  |                                 | Name of Person  |  |  |
|  | C. Jaxon Properties, LLC        |   |  |  |
|  |                                 | Firm/Company  |  |  |
|  | 7347 COnch Boulevard            |   |  |  |
|  |                                 | Address   | <del></del>  |  |
|  | Seminole, FL 33777              |   |  |  |
|  |                                 | City/State and Zip Code   |  |  |
|  | kimberlyerturk@gmail.com        | to be used for future annual report no                              | titication\  |  |
| For further information c              | oncerning this matter, please c |   | are arony  |  |
| Kimberly G. Erturk                     |                                 | 727 687-4242  |  |  |
| Name of Person                         |                                 | at ( <u>727</u> Area Code) <u>687-4242</u> Daytir                   | ne Telephone Number  |  |
| Enclosed is a check for the            | ne following amount:            |   |  |  |
|  | _                               | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |  |
| Mailing Addres Registration S          | Section                         | Street Address:<br>Registration So                                  |  |  |
| Division of Corporations               |                                 | Division of Corporations The Control of Tallahusean                 |  |  |
| P.O. Box 6327<br>Tallahassee, FL 32314 |                                 |   | The Centre of Tallahassee 2415 N. Monroe Street, Suite 810                                 |  |

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| C. Jaxon Properties, LLC   |  |   |
|--|--|---|
| ( <u>Name of the Limited Liabilit</u><br>(A Florida  | y Company as it now appears on our records.)<br>Limited Liability Company) | *************************************** |
| The Articles of Organization for this Limited Liability Co<br>Florida document number 1.14000073357        | ompany were filed on 05/06/2014<br>  | and assigned                            |
| This amendment is submitted to amend the following:  |  |   |
| A. If amending name, enter the new name of the limi  | ted liability company here:  |   |
| C. Jaxon Consulting, LLC   |  |   |
| The new name must be distinguishable and contain the words "Limi   | ited Liability Company," the designation "LLC" o                           | r the abbreviation "L.L.C."             |
| Enter new principal offices address, if applicable:  |  |   |
| Principal office address MUST BE A STREET ADDR   | (ESS)  |   |
|  |  |   |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)                      |  | F11.1<br>2024 FEB -2                    |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: |  | e name of the lew registe               |
| Name of New Registered Agent:  |  |   |
| New Registered Office Address:   | Enter Florida street address   |   |
|  |  |   |
|  | , Flori  | da<br>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 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 |         |                   |  |  |
|--|---------|-------------------|--|--|
| · ·                                    | MCD -   | Managar           |  |  |
| AMDD - Authorized Member               | MIGIC - | Manager           |  |  |
|  | AMRR =  | Authorized Member |  |  |

| <u>Title</u> | <u>Name</u> | Address     | Type of Action |
|--------------|-------------|-------------|----------------|
|              |             |             | □Add           |
|              |             |             | □ Remove       |
|              |             |             | ☐ Change       |
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|              |             |             | □Change        |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) 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. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated \_\_\_\_ January 26 2024 Signature of a member or authorized representative of a member Kimberly G. Erturk Typed or printed name of signee

Filing Fee: \$25.00