114000173463

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COVER LETTER

	Registration So Division of Co			
SUBJEC		1 & MUNOZ, LLC		
SUBJEX,		Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	unitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		DAVID JACKSON		
		 	Name of Person	·
		134 GRAND HERON DR	Firm/Company	
		PANAMA CITY BEACH FL	Address ORIDA 32407	
		DAVIDJACKSON714@GM	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For furthe	r information c	oncerning this matter, please co	all:	
DAVID JACKSON			850 630-9978	
	Name o	ı' Person	Area Code Daytime	: Telephone Number
Enclosed i	is a check for th	ne 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

JACKSON & MUNOZ, LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited	nny as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L14000173463	were filed on 11/07/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
JACKSON WOOD WORKING LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	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 of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	ffice address on our records, e:	19 JUN 20 AH Whe new enter the name of the new 23
	Flori	i d a Zip Code
New Registered Agent's Signature, if changing Registered Agent:	·	,
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as poing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F.,	I am familiar with and S. Or, if this document is
If Chan	ming Registered Agent Signature of 3	Yes 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
444DD	MUNOZ, BERARDO	134 GRAND HERON DR	
AMBR			🗀 Add
		PANAMA CITY BEACH FLORIDA	
		32407	■ Remove
			□ Change
			□ Add
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