## 11500022555

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Oity/State/Zip/ Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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## COVER LETTER.

	Registration Se Division of Cor	ction	*		
eub irc	JASON PIT	TTMAN LLC			
SUBJEC	.l;	Name of Lim	ited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspo	ndence concerning this matter	to the following:		
		RONALD PITTMAN			
		- <u>-</u> -	Name of Person		
			Firm/Company		
		4433 SLEEPY HAMMOO	K DR		
			Address		
		MILTON FL 32583			
		City/State and Zip Code jpittmanllc1@gmail.com			
		E-mail address: (	to be used for future annual report noti	fication)	
For furth	er information c	oncerning this matter, please ca	all:		
Bernade	tte Luke		850 313-4675 at ()		
	Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed	is a check for th	ne following amount:			
□ \$25.0	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

Jason Pittman "LLC"		
( <u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number L15000022555	Company were filed on 04/25/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regiregistered agent and/or the new registered office ade		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	ida
	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 Spend

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>	Name	Address	Type of Action
AMBER	Ronald Pittman	4433 Sleepy Hammock Dr. Milton	■ Add
			□ Remove
			Change
AMBER	Jason Pittman	5336 EATON DR. MILTON, FL. 3	Add
			■ Remove
			Change
		<del> </del>	Remove
			Change
			Add
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ecor	d specifies a delayed effective date, but not an effective time, at 12:01 Oth day after the record is filed.	l a.m. on t	he earlie
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cŧ	12/14/2017.	 1914	<u></u>
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	Signature of a member or authorized representative of a member		3 PM

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Filing Fee: \$25.00