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SECRETARY OF STATE

CUL-7275

COVER LETTER

Jenny Lacl	key Web & Graphic Designs, LLC		
SUBJECT:	Name of Limited	I Liability Company	
The enclosed Articles of	Amendment and fee(s) are submit	ted for filing.	
Please return all correspo	ondence concerning this matter to	the following:	
	Jenny Lackey		
	-	Name of Person	
	Jenny Lackey Web & Graphi	c Designs, LLC	
		Firm/Company	
	1210 NW 52nd Terr.		
		Address	
	Gainesville, FL 32605		
		City/State and Zip Code	
	jenny.m.lackey@gmail.com E-mail address: (to b	e used for future annual report notifi	cation)
For further information of	concerning this matter, please call:		
Jenny Lackey		386 365-7023	
Name o	of Person		Telephone Number
Enclosed is a check for t	he 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

Jenny Lackey Web & Graphic Designs, L.L.C.

FILED

15 JUL -6 PM 2:23

(Name of the Limited Liability Company as it now appears on our respiral RETARY OF STATE (A Florida Limited Liability Company) TALL AHASSEE, FLORIDA The Articles of Organization for this Limited Liability Company were filed on March 20, 2015 _____ and assigned Florida document number L15000050761 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 _, Florida _ 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 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
MGR	Jenny Lackey	1210 NW 52nd Terr. Gainesville, F	
			□ Remove
			☐ Change
			Add
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fective date, if other than n effective date is listed, the date te: If the date inserted in thi cument's effective date on th	must be specific a s block does no	and cannot be prior to t meet the applica	ble statutory filing re	equirements, this date	.) Pursuant to 605.0207
record specifies a dela The 90th day after the	yed effective record is file	e date, but not d.	an effective tim	e, at 12:01 a.m.	on the earlier of:
ted July 1	0	$-, \frac{2015}{\rho}$	<u></u> ·		15 JUL SECRE
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	Signature of	(darker)	ized representative of	•	<u> </u>

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Filing Fee: \$25.00