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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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COVER LETTER

TO: Registration S Division of Co		*	,
Blog Calle	d Jacq LLC		
Sobject.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Tiffany Cameron		
		Name of Person	-
	Blog Called Jacq LLC		
		Firm/Company	
	51 W. Blenkner #305		
		Address	
	Columbus, Ohio 43215		
	·	City/State and Zip Code	
	blogcalledjacq@gmail.com		
		to be used for future annual report notifi	ication)
For further information of	concerning this matter, please c	all:	
Tiffany Cameron		310 897-5178 at ()	
Name o	of Person	Area Code Daytime	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

Blog Called Jacq LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on April 29, 2015 and a	ssigned
Florida document number L15000075667		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
jacq LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "	L.L.C."
Enter new principal offices address, if applicable:	10635 SW Cam Run	
(Principal office address MUST BE A STREET ADDRESS)		
	Port Saint Lucie, FL 34987	
Enter new mailing address, if applicable:	10635 SW Cam Run	
(Mailing address MAY BE A POST OFFICE BOX)	Port Saint Lucie, FL 34987	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		
Name of New Registered Agent:	ARY SSEE	LESSENGE.
New Registered Office Address:	0 P	- Valence
	Enter Florida street address	<i>€_7</i>
	City , Florida Zip Code	<u> </u>

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Nathaniel Alfonso	10635 SW Cam Run	
			☐ Remove
		Port Saint Lucie, FL. 34987	Change
AR	Matthew Miller	51 W. Blenkner	
		#305	■ Remove
		Columbus, OH. 43215	Change
			Add
			□ Remove
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ective date, if other than the	ne date of filing: November 3, 2015 ust be specific and cannot be prior to date	(onta	onal)	4- 605 034
te: If the date inserted in this burnent's effective date on the	plock does not meet the applicable sta	atutory filing requirements, thi	s date will not b	pe listed a
record specifies a delaye he 90th day after the re	ed effective date, but not an e cord is filed.	effective time, at 12:01 a	a.m. on the	earlier (
November 2	2015			
0 1:11.	NI Cam Drow Signature of a member or authorized re			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00