

LIS0000083156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400275217294

07/21/15--01022--005 **25.00

FILED

2015 JUL 21 AM 11:11

CLERK OF STATE
TALLAHASSEE, FLORIDA

JUL 22 2015

S MASON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JAX202 LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PANDO OR

Name of Person

JAX202 LLC

Firm/Company

4870 E DEER LAKE DR EAST

Address

JACKSONVILLE FLORIDA 32246

City/State and Zip Code

ORPANDO@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PANDO OR

347 6359993
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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**

JAX202 LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on MAY 11, 2015 and assigned
Florida document number L15000083156.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4870 E DEER LAKE DR EAST

JACKSONVILLE FLORIDA 32246

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4870 E DEER LAKE DR EAST

JACKSONVILLE FLORIDA 32246

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

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 Agent

FILED
JUL 21 11:11
CLERK OF DISTRICT COURT
STATE OF FLORIDA

MGR = Manager
AMBR = Authorized Member

215 JUN 21 AM 11:17
□ Change
□ Add
□ Remove
□ Change

[illegible]

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.

Dated JULY 13, 2015

FILED
2015 JUN 21 AM 11:11
CLERK OF DISTRICT COURT
COUNTY OF OKLAHOMA
per _____