4500089177

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
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JALLAHASSEE, FLUXUUR

COVER LETTER

Tallahassee, FL 32314

TO:	Registration Sec Division of Corp			
SUBJE		JOB MARKET, LLC		1
SUBJE	CI:	Name of Lim	ited Liability Company	······
		Amendment and fee(s) are sub	_	
		BRANDON DUNCAN		
			Name of Person	
		DUMB OX CREATIVE, I	LLC	
			Firm/Company	
		5578 BLUE PACIFIC DR	IVE	- F. C.
			Address	TE E
		JACKSONVILLE, FL 322	257	t notification)
			City/State and Zip Code	PH
		BRANDON@DUMBOXC		ښ
For furth	her information co	oncerning this matter, please co	to be used for future annual repor all:	rnotification)
BRANI	OON DUNCAN		239 288-374	14
	Name of	Person	at () Area Code Di	aytime Telephone Number
Enclose	d is a check for the	e 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)
	Registra	NG ADDRESS: ution Section n of Corporations x 6327	STREET/CO Registration S Division of C Clifton Buildi	orporations

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CATHOLIC JOB MARKET, LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000089177</u> .	were filed on 05/20/2015	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:	
DUMB OX CREATIVE, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5578 BLUE PACIFIC DRIVE	
(Principal office address MUST BE A STREET ADDRESS)	JACKSONVILLE, FL 32257	90
		7 70
Enter new mailing address, if applicable:	5578 BLUE PACIFIC DRIVE	8 13 SEX
(Mailing address MAY BE A POST OFFICE BOX)	JACKSONVILLE, FL 32257	P
		့်
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Tin Code
	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

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing e: If the date inserted in this block does not meet the applicable statutory ument's effective date on the Department of State's records.	or more than 90 days after filing.) Pursuant to 605.0207
record specifies a delayed effective date, but not an effective 90th day after the record is filed.	ve time, at 12:01 a.m. on the earlier of
Ed <u>January 17</u> , 2017. Brandsa Wan Signature of a member or authorized represent	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00