

LIS000115270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

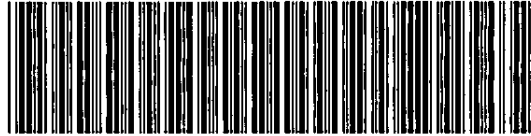
(Business Entity Name)

(Document Number)

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2015 DEC -2 AM 11:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Gulligan DEC 3 - 2015

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Jackson Interactive, 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:

Jessie Padilla

\_\_\_\_\_  
Name of Person

Debbie's Accounting Service Inc

\_\_\_\_\_  
Firm/Company

3575 Southside Blvd

\_\_\_\_\_  
Address

Jacksonville, Florida 32216

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

Jessie Padilla

904

733-4547

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

**TO  
ARTICLES OF ORGANIZATION  
OF**

FILED

2015 DEC -2 AM 11: 01

Jackson Interactive, LLC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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 7/6/2015 and assigned  
Florida document number L15000115270.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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)**

14286 Beach Blvd Ste 19-102

Jacksonville, Florida 32250

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

14286 Beach Blvd Ste 19-102

Jacksonville, Florida 32250

**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:

Brandy L. Jackson

New Registered Office Address:

14286 Beach Blvd Ste 19-102

*Enter Florida street address*

Jacksonville


, Florida 32250

*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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Brandy L. Jackson	913 Second ST South Apt 307	<input type="checkbox"/> Add
		Jacksonville Beach, Florida 32250	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

The principal and mailing address for the business has changed:

THE OLD ADDRESS 913 2nd Street South #307 Jacksonville Beach, Florida 32250

THE NEW ADDRESS 14286 Beach Blvd Ste 19-102 Jacksonville, Florida 32250

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 DEC -2 AM 11:01

FILED

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated November 23, 2015



Signature of a member or authorized representative of a member

Brandy L. Jackson

Typed or printed name of signee