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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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ESCRETARY OF STATE,

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S MASON

COVER LETTER

TO: Registration Division of C			
UNION J	ACK RENTAL LLC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fec(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	JEANETTE PECK		
		Name of Person	
		Firm/Company	
	66 WILLOW DRIVE		
		Address	
	ST AUGUSTINE, FL 320	80	
		City/State and Zip Code	
	NETTIEPECK@HOTMAI		
	E-mail address: (to be used for future annual report notifi	ication)
For further information	concerning this matter, please ca	all:	
JEANETTE PECK		352 8123173	
Name	of Person	at () 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

UNION JACK RENTAL 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 $\frac{8/21/2015}{1}$ and assigned Florida document number _L15000143425 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: UNION JACK LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 66 WILLOW DRIVE Enter new principal offices address, if applicable: ST AUGUSTINE, FL 32080 (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

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:

0	

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ASHLEE R KIEL	5950 NW 100TH STREET	
		OCALA, FL 34482	Remove
			Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			□ Change
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			□ Remove
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			Remove Change Change
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		at the state of th	□ Change

Typed or printed name of signee	
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Filing Fee: \$25.00