

L15000147244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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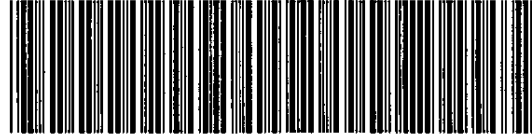
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
16 AUG 29 AM 11:09

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Jake's Outdoor Solutions, 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:

Jacob Schatzberg

Name of Person

Jake's Outdoor Solutions, LLC

Firm/Company

5354 Flamingo Court

Address

Coconut Creek, FL 33073

City/State and Zip Code

jakesosf1@gmail.com

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

For further information concerning this matter, please call:

Jacob Schatzberg

Name of Person

at (954) 621-7431

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)

X 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

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SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Jetke's Outdoor Solutions, 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 08-27-2015 and assigned
Florida document number L15000147244

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)

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

_____, 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

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	Jacob Kaestner	4860 Swans Manor	<input type="checkbox"/> Add
		Coconut Creek, FL	<input checked="" type="checkbox"/> Remove
		33073	<input type="checkbox"/> Change
mGRm	Brian S. Schatzberg	140 Leoni Dr.	<input checked="" type="checkbox"/> Add
		Islamorada FL 33036	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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FBI - FALLS CHURCH

(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.

Dated 8-20, 2016

Jacob Schatzberg
Signature of a member of a

Signature of a member or authorized representative of a member

Jacob Schatzberg

Typed or printed name of signee

- Jake's Outdoor
- day time phone # 954-913-7665
 - Return address - 6574 N State Road 7
#306
Coconut Creek FL
33073

16 AUG 29 AM 11:09
RECEIVED
FALL AERIALS
BUREAU OF
FLORIDA