

L15000160311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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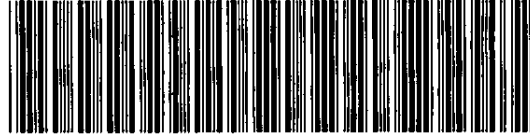
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: All JAX Construction 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:

CHRIS HOOPER  
Name of Person  
All JAX Construction LLC.  
Firm/Company  
727 CENTURY Point DRIVE EAST  
Address  
JACKSONVILLE FL. 32216  
City/State and Zip Code  
ALLJAX2016@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRIS HOOPER at (904) 405-7542  
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**

All JAX Construction 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 9/17/2015 and assigned Florida document number L15000160311.

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)**

727 CENTURY POINT DRIVE EAST  
JAX, FL. 32216

**Enter new mailing address, if applicable:**

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

727 CENTURY POINT DRIVE EAST  
JACKSONVILLE FL 32216

**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:

N/A

New Registered Office Address:

727 CENTURY POINT DRIVE EAST

Enter Florida street address

JACKSONVILLE, Florida 32216

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.*

N/A

**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>                                       |
|--------------|-------------------------------|--|---|
| <u>P.</u>    | <u>CHRIS HOOPER</u>           | <u>401 CENTURY 21 DR. Apt G<sup>80</sup></u> | <input checked="" type="checkbox"/> Add <span>← SAME</span> |
|              |                               | <u>JACKSONVILLE FL. 32216</u>                | <input type="checkbox"/> Remove                             |
|              |                               |  | <input type="checkbox"/> Change                             |
| <u>V.P.</u>  | <u>WILLIAM LEE Hooper Jr</u>  | <u>727 CENTURY Point DRIVE E.</u>            | <input checked="" type="checkbox"/> Add                     |
|              |                               | <u>JACKSONVILLE FL. 32216</u>                | <input type="checkbox"/> Remove                             |
|              |                               |  | <input type="checkbox"/> Change                             |
| <u>MGR</u>   | <u>BARBARA Hooper</u>         | <u>727 CENTURY Point DR. E.</u>              | <input checked="" type="checkbox"/> Add                     |
|              |                               | <u>JACKSONVILLE FL 32216</u>                 | <input type="checkbox"/> Remove                             |
|              |                               |  | <input type="checkbox"/> Change                             |
| <u>MGR</u>   | <u>WILLIAM LEE Hooper JR.</u> | <u>727 CENTURY Point DR. E.</u>              | <input checked="" type="checkbox"/> Add                     |
|              |                               | <u>JACKSONVILLE FL 32216</u>                 | <input type="checkbox"/> Remove                             |
|              |                               |  | <input type="checkbox"/> Change                             |
|              |                               |  | <input type="checkbox"/> Add                                |
|              |                               |  | <input type="checkbox"/> Remove                             |
|              |                               |  | <input type="checkbox"/> Change                             |

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**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 5/2/2016, \_\_\_\_\_

*Chris Hooper*  
Signature of a member or an authorized representative of the organization

Signature of a member or authorized representative of a member

CHRIS HOOPER

Typed or printed name of signee