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J. HARRIS

COVER LETTER

TO: Registration So Division of Con			
SUBJECT: Jac	KBoi Ent LL	2	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	<i>D</i>	Name of Person	
		ackBoi Ent LLC Firm/Company	
	4460	Hodges Blud Ap	ot. 13303
	Jackson	City/State and Zip Code	24
	OFFicial i E-mail address:	ackboient @ gmai to be used for future annual report notifi	l, Com
For further information c	oncerning this matter, please ca	all:	
<u>De'Naviu</u>	s Pryor	at (<u>904)</u> <u>415-6</u> Area Code Daytime	0850
Name o	i Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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

Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L 15 000167396</u> .	were filed on $10/1/2015$ and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "L.L.C." or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	4460 Hodges Blvd. Apt. 1303 Jacksonville F1, 32224		
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville F1, 32224		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4460 Hodges Blvd. Apt. 1303 Jacksonville F1, 32224		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, enter the name of the new		
New Registered Office Address: 4460 Ho	ius Pryor dges Blud Apt. 1303 Enter Florida street address ille , Florida 32224 City Zip Code		
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is		

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

. 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 Title Address Type of Action Name De Narius Pryor 4460 Hodges Blvd Apt. 1303 Add CED Jacksonville F1, 32224 Remove Change CO De Adre Pryor 4460 Hodges Blvd Apt. BO3 11 Add Jacksonville F1,32274 | Remove Change Ce'Ani Pryor 4460 Hodges Blvd. Apt. 1303 - Add President Jacksonville F1, 32224 Remove Change De Narius Pryor Jr. 4460 Hodges Blvd. Apt. 1303 Jacksonville FI, 32224 Change Copucine White □ Add Charles ☐ Remove

☐ Change

	I enclosed a money order for 35.00 for	
_	the payment for the Filing Fee / Certified Copy/	/
	and certificate of status.	
_	If to that is not enough just take the payment for the filing fee and Certificate of Status. Thanks	
	payment for the filing fee and certificate of	
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