

L15000205615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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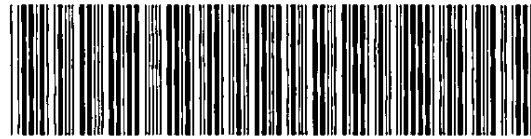
(Business Entity Name)

(Document Number)

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STATE OF TEXAS
JUL 13 2017

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J SHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

J & C Gibson Holdings, LLC

SUBJECT: _____
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:

Crystal L Gibson

Name of Person

J & C Gibson Holdings, LLC

Firm/Company

P.O. Box 1016

Address

Inverness, FL 34451

City/State and Zip Code

crystalgibson@earthlink.net

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

For further information concerning this matter, please call:

Joseph M Gibson

352 341-4243

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**

J & C Gibson Holdings, 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 12/08/2015 and assigned
Florida document number L15000205615.

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:

8253 E. Pine Garden Ct.

(Principal office address MUST BE A STREET ADDRESS)

Inverness, FL 34450

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	Joseph M Gibson	P.O. Box 1016	<input checked="" type="checkbox"/> Add
		Inverness, FL 34451	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Crystal L Gibson	P.O. Box 1016	<input checked="" type="checkbox"/> Add
		Inverness, FL 34451	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
D/P/T/S	Joseph M Gibson	506 Tompkins St.	<input type="checkbox"/> Add
		Inverness, FL 34450	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Crystal L Gibson	506 Tompkins St.	<input type="checkbox"/> Add
		Inverness, FL 34450	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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STATION 441
SALINAS VALLEY, CALIFORNIA

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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 June 30, 2017]

Joseph M. Gibson

Filing Fee: \$25.00