

L16000011432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

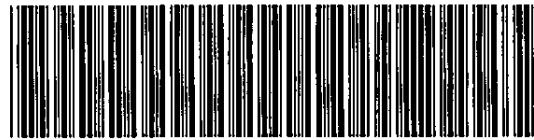
(Business Entity Name)

(Document Number)

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16 NOV 14 PM 3:30

DIVISION OF CORPORATIONS

O SIMMONS

NOV 16 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Jax Town Investments 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:

Steven K. Hendrickson

Name of Person

Lenger Financial, INC.

Firm/Company

221 N. Hogan St. #405

Address

Jacksonville, FL 32202

City/State and Zip Code

corporate@lengerfinancial.com

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

For further information concerning this matter, please call:

Steven K. Hendrickson

888 502-4445
at ()

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

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DIVISION OF CONFIDENTIALITY
and assigned

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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:

221 N. Hogan St.

(Principal office address MUST BE A STREET ADDRESS)

#405

Jacksonville, FL 32202

Enter new mailing address, if applicable:

221 N. Hogan St.

(Mailing address MAY BE A POST OFFICE BOX)

#405

Jacksonville, FL 32202

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

City

Florida

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>
MGR	Lenger Asset Management, INC	221 N. Hogan St	<input checked="" type="checkbox"/> Add
		#405	<input type="checkbox"/> Remove
		Jacksonville, FL 32202	<input type="checkbox"/> Change
MGR	Keith Lenger	221 N. Hogan St	<input checked="" type="checkbox"/> Add
		#405	<input type="checkbox"/> Remove
		Jacksonville, FL 32202	<input type="checkbox"/> Change
MGR	Steven Hendrickson	221 N. Hogan St	<input checked="" type="checkbox"/> Add
		#405	<input type="checkbox"/> Remove
		Jacksonville, FL 32202	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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16 NOV 14 11:30
DIVISION OF BUSINESS AFFAIRS

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

16 NOV 14 PM 3:30
DIVISION OF CRIMINAL JUSTICE

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E. Effective date, if other than the date of filing: _____ (optional)

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 11/10/2016

Signature of a member or authorized representative of a member

Steven K. Hendrickson

Typed or printed name of signee