

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

L160001477813

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To: Division of Corporations  
 Fax Number : (850) 617-6383

From: Account Name : CAPITOL SERVICES, INC.  
 Account Number : 120160000017  
 Phone : (800) 345-4647  
 Fax Number : (800) 432-3622

2016 JUN 16 PM 4:42  
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 STATE DEPARTMENT OF STATE  
 TALLAHASSEE FLORIDA

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 F9 JAX LLC**

**\*\*\*NEED ASAP\*\*\***

Certificate of Status	0
Certified Copy	0
Page Count	05
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**\*\*\*NEED ASAP\*\*\***

**\*\*\*IF POSSIBLE, NEED ASAP\*\*\***

JUN 17 2016  
**J. HARRIS**

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: F9 JAX 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:

STEPHEN BOLLIER

\_\_\_\_\_  
Name of Person

F9 JAX LLC

\_\_\_\_\_  
Firm/Company

1900 ABBOTT STREET 102

\_\_\_\_\_  
Address

CHARLOTTE, NC 28203

\_\_\_\_\_  
City/State and Zip Code

steve@five9sdigital.com

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

For further information concerning this matter, please call:

JEFFREY DREW BUTT

\_\_\_\_\_  
Name of Person

813 202-1304  
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**

F9 JAX 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 06/8/2016 and assigned Florida document number L16000110816.

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 "L.I.C." 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)

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16 JUN 16 AM 8:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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>
MGR	STEPHEN BOLLIER	1900 ABBOTT STREET 102, CHARLOTTE, NC 28203	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	FIVE 9'S DIGITAL	1900 ABBOTT STREET 102 CHARLOTTE, NC 28203	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

15 JUN 15 8:15  
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 TALLAHASSEE, FLORIDA  
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