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**Division of Corporations** 

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## Florida Department of State Division of Corporations

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AMENDED

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

From:

: TAVISTOCK GROUP Account Name Account Number : 720130000052 Phone : (407)909-9958 1 (407) 909-9984

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

Issil Address: cpillo @ TAVISTOCK-Com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HIS HERS & OURS, LLC

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Abbreviations:

HR: Host receive WS: Waiting send PL: Polled local

MP: Mallbox print

RP: Report

**CP: Completed** 

FA: Fall

TU: Terminated by user

TS: Terminated by system

G3: Group 3 **EC: Error Correct** 

HS: Host send

PR: Polled remote MS: Mallbox save

FF: Fax Forward

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HIS HERS & OURS, LLC		
(Name of the Limited Liab (A Flori	illity Company as it new annears on our records.) ido Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L16000119462	Company were filed on 6/21/2016	and assigned
This amendment is submitted to amend the following:	<del></del>	
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
JACQ & JACK, LLC		
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the c	obbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office guidress MUST BE A STREET ADL	ORESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or reg	ristered office address on our records, enter	the name of the new
registered agent and/or the new registered office ad		
Name of New Registered Agent:		ALEE 6
New Registered Office Address:		<b>≥</b> ≈ <b>≈</b>
THE THE STATE OF T	Enter Florida street oddress	ASSE ASSE
	, Florida	Ziu Gode
	•	
<u>New Registered Agent's Signature, if changing Register</u>	red Agent:	
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	nt and agree to act in this capacity. I further a complete performance of my duties, and I am agent as provided for in Chapter 605, F.S. Of tred office address, I hereby confirm that the li	familiar with and , if this document is

Page 1 of 3

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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> Name Address Type of Action \_□ Add \_□ Remove Change □ Add ☐ Remove □ Change □ Add ☐ Remove 16 DEC -6 AH S. GE
SECRETARY DE SIBITE AD □ Add □ Remove \_□ Change DbA 🗖

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Effective date, if other than	n the date of filine:		(optional)	
(If an effective date is listed, the da <u>Note:</u> If the date inserted in t	are must be specific and cannot be pri this block does not meet the appl the Department of State's record	icable statutory filing requir	i 90 days after (Hing.) Pursuant	t to 605.0207 (3)(6) be listed as the
				Zeo
the record specifies a del The 90th day after the	layed effective date, but n e record is filed.	iot an effective time, a	at 12:01 a.m. on the	阿P OF PEC
Dated December 6	2016			<b>公</b>
		-	ì	Star or the
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	Signature of a member or au	thorized representative of a me	mber .	AR SP CALL

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Typed or printed name of signee

Filing Fee: \$25.00