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D. SCOTT

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: T.W. JACOB LAW, PLLC Name of Limited Liability Company	
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:	
JORDAN W. JACOB Name of Person	
Name of Person	
Firm/Company	
4770 FOUNTAINS DR. 5. # 103 Address	
Address	
City/State and Zip Code jordanwjacob@gmail.com	
City/State and Zip Code	
E mail address (to be used for fators amount and address)	,
2 mai acacess. (to be used to future annual report nonneation)	
For further information concerning this matter, please call:	
TORDAN W. JACOB at (412) 559 - 5745 Name of Person Area Code Daytime Telephone Number	,
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
For further information concerning this matter, please call: JORDA W. JACOB at (412) 559 - 5745 The state of Person Area Code Daytime Telephone Number The state of Person S25.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status Certified Copy (additional copy is enclosed) Ce	

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.W.	JACOB LAW, PLLC
(Name of the Limited)	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabi	ility Company were filed onand assigned
This amendment is submitted to amend the followi	ino.
A. If amending name, enter the new name of th	
THE JACUB GROUP, PL	
Enter new principal offices address, if applicabl (Principal office address MUST BE A STREET A	e:
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	X)
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the mame of the new
Name of New Registered Agent:	
New Registered Office Address:	Futur Florida streat - Ida
	Enter Florida street address
-	, Florida

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 Title Name **Address Type of Action** _□ Add _□ Remove ☐ Change □ Add ☐ Remove Change _□ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change Rem®e □ Change RO Add ☐ Remove ☐ Change

). If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
,		
(If an e Note:	ffective date, if other than the date of filing: (optional) ffective 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 605.0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records.	207 (3)(as the
the re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. of the earlier e 90th day after the record is filed.	of:
Dated	November 22, ZoIL November 22, ZoIL SSE 28	LEU
	Signature of a member or authorized representative of a member	?
	JORDAN W. JACOB Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00