416000229609

(F	Requestor's Name)	
··········(<i>F</i>	Address)	
(A	Address)	
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	•	
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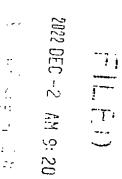
A. RIVERS

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COVER LETTER

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SUBJEC		acob Advis	sory & Consulting, LLC	· ·	A
		_	Name of Lim	ited Liability Company	· ·
The enclo	osed A	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn a	II correspo	ndence concerning this matter	to the following:	
			Joseph Heimovics		
				Name of Person	
			Joseph Heimovics, PA		
				Firm/Company	
			15951 SW 41st Street, Sui	te 800	
			-	Address	
			Davie, FL 33331		
				City/State and Zip Code	
			joe@heimovicslaw.com	to be used for future annual repor	
For further	er info	ormation co	oncerning this matter, please ca	•	t nomication)
Joseph H	leimo	vies		954 626-34	02
		Name of	Person	at () Area Code D	aytime Telephone Number
Enclosed	isac	heck for th	e following amount:		
			· ·	Elésé do civilia de la	ГТ . €∢0 00 Г. Г г
■ \$2 5.0	(AV F11)	ing rec	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
_		ng Address		Street Addre	_
	_	stration S	orporations	Registration of	i Section Corporations
		Box 632	-		of Tallahassee

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jacob Advisory & Consulting, LLC					
(<u>Name of the Limited</u> (A	Liability Company as Florida Limited Liabili	it now appears of ty Company)	n our rec <u>ords.</u>)		
The Articles of Organization for this Limited Liab	oility Company were	filed on Decer	mber 20, 2016	and assi	gned
Florida document number L16000229609	·				
This amendment is submitted to amend the follow	ring:				
A. If amending name, enter the new name of the	he limited liability (company here	:		
Jacob Capital Ventures, LLC					
The new name must be distinguishable and contain the word	ds "Limited Liability Co	mpany," the desig	mation "LLC" or the	abbreviation "L.L	C."
Enter new principal offices address, if applicab	ole:				
(Principal office address MUST BE A STREET	ADDRESS)				
	_				
Enter new mailing address, if applicable:			·		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		<u> </u>	822 C	
				DEC	
				7. 2	n.z.)
B. If amending the registered agent and/or reg		ess on our reco	ords, <u>enter the na</u>	ame of the new	registered
	<u>.</u> .			9: 20	
Name of New Registered Agent:				20	
Name of New Registered Agent.	· · · · · · · · · · · · · · · · · · ·	<u>-</u> .			
New Registered Office Address:	_ 	Cartan Classida	street address		
		Enter Piorida	sireei adaress		
			, Florida _	Zip Code	
		10		rap 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 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>	Address	Type of Action
			□ Add
			□ Remove
			□Change
			□Add
			Remove
			Change
			□Add
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	be specific and cannot be prior to ock does not meet the applica	o date of filing or more than 90	 (optional) days after filing.) Pursuant to 605.0207 nents, this date will not be listed as
ecord specifies a delayed effective is filed.	date, but not an effective tin	ne, at 12:01 a.m. on the earl	ier of: (b) The 90th day after the
November 28	2022		
ted	,	<u> </u>	
1/			

Typed or printed name of signee