

L17000002918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

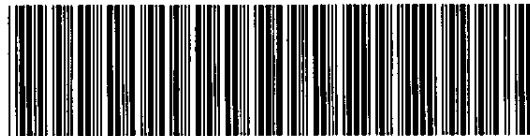
(Business Entity Name)

(Document Number)

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DIVISION OF REVENUE

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01/18/17--01002--008 \*\*25.00

17 JAN 17 PM 4:46  
SUFFICIENCY OF FILING

O SIMMONS

JAN 18 2017

## Advanced Incorporating Service, Inc.

1317 California Street  
P.O. Box 20396  
Tallahassee, FL 32316

Phone: 850-222-CORP  
Fax: 850-575-2724  
Email: [orders@aisincfl.com](mailto:orders@aisincfl.com)  
Website: [www.aisincfl.com](http://www.aisincfl.com)

|   |                     |
|---|---------------------|
| NAME OF ENTITY<br><u>Corginjam, LLC</u> | FOR OFFICE USE ONLY |
|   |                     |
|   |                     |
|   |                     |

### PICK ONE:

☐ CERTIFIED COPY ☒ PHOTOCOPY ☐ C.U.S.

### FILING:

☐ CORPORATION ☐ LLC ☐ LIMITED PARTNERSHIP ☐ GENERAL PARTNERSHIP  
☐ FICTITIOUS NAME ☐ SERVICEMARK/TRADEMARK ☒ AMENDMENT  
☐ FOREIGN QUALIFICATION ☐ JUDGMENT LIEN  
☐ OTHER \_\_\_\_\_

### RETRIEVAL:

☐ GOOD STANDING CERT/C.U.S. ☐ CERTIFIED COPY ☐ PHOTOCOPY  
Of \_\_\_\_\_

### APOSTILLE/CERTIFICATION REQUEST:

Country \_\_\_\_\_

Amount of Documents \_\_\_\_\_

DATE 1/17/16 TIME \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

CORGINJAM, 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 JANUARY 6, 2017 and assigned  
Florida document number L17000002918.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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>                      |
|--------------|-------------------|--------------------------|--|
| MGRM         | JAMES RICHARD SIX | 7724 GREENBRIAR CIRCLE   | <input type="checkbox"/> Add               |
|              |                   | PORT ST. LUCIE, FL 24698 | <input checked="" type="checkbox"/> Remove |
|              |                   |                          | <input type="checkbox"/> Change            |
| AMBR         | JAMES RICHARD SIX | 7724 GREENBRIAR CIRCLE   | <input checked="" type="checkbox"/> Add    |
|              |                   | PORT ST. LUCIE, FL 24698 | <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            |
|              |                   |                          | <input type="checkbox"/> Add               |
|              |                   |                          | <input type="checkbox"/> Remove            |
|              |                   |                          | <input type="checkbox"/> Change            |

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10/10/16

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**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.

Dated JANUARY 17, 2017

*Paula Palmer*  
Signature of a member or authorized representative of a member

*Paula Palmer*  
Typed or printed name of signee