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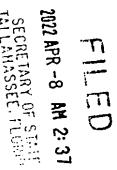
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I	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
-	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
	J. HORNE
	APR 2 3 2022
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TO: Registration Section Division of Corporations	
SUBJECT: TACQUES AND AS (CHANGE OF Name of Limit WILLIAM M JA The enclosed Articles of Amendment and fee(s) are subm Please return all correspondence concerning this matter to	
	Name of Person
5294 10.	Firm/Company th Fairway Dr. #1 Address
DELPAY WILLIAM J.	BEACH FL 33484 City/State and Zip Code ACQUESDEMAIL. COM
E-mail address: (For further information concerning this matter, please c	(to be used for future annual report notification)
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\sum \text{Certificate of Status}\$	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JACQUES AND ASSOCIATES CREATIVE, I	.L.C	255 23
(<u>Name of the Limited Liability</u> (A Florida l	Company as it now appears on our r limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Co Florida document number		SSET and assigned
This amendment is submitted to amend the following:		<u>ં</u> હ્વ
A. If amending name, <u>enter the new name of the limite</u>	ed liability company here:	
WILLIAM M JACQUES, ELC		
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	<u> </u>	
	<u></u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	<u> </u>	<u> </u>
	Enter Florida street a	uldress
		Florida Zip Code
	Cirv	Zin Carla

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>	Address	Type of Action
			Remove
			□Change
			□Remove
			□Change
			\ _Add
			□Remove
			Change
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f an effective Note: If the	e date is listed e date insert	I, the date m ted in this l		and cannot meet t	ot be prior to he applicab	date of filing (or more than 9		ial) ling.) Pursuant t late will not be	
record spe rd is filed.	ecifies a dela	iyed effect	ive date, but	not an ef	fective time	e, at 12:01 a.	m, on the ea	rlier of: (b)	The 90th day	after the
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