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T. CLINE
SEP 10 2018

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Jack Motley, LLC	
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:	
<u>,</u>	
Jack Motley	
Name of Person	
Jack Mother, LCC	
Firm Company ,	
418 West Garden ST	
Address	
Rosacla, Fl 32502	E).
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	Ċ
E-man address: (10 be used to lattice amplian report nonneadon)	,
For further information concerning this matter, please call:	-
Tack Morley at (850) 324/673 Name of Person Area Code Daytime Telephone Number	<u> </u>
Name of Person Area Code Daytime Telephone Number	92.36
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)	

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

Jack Motle	4, LLC	
(Name of the Limited Lia (A Flo	bility Company as it now appears on our da Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Florida document number <u>170003507</u>	y Company were filed on <u>Feb</u>	rucy 13,2017 and assigned
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the l		
Mothey Holding 5 The new name must be distinguishable and contain the words "	Group, LLC	b 9
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.E.C."
Enter new principal offices address, if applicable:		Fe
(Principal office address MUST BE A STREET AD	DRESS)	1
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		7.
		9
Enter new mailing address, if applicable:		28
Mailing address MAY BE A POST OF FICE BOX)		
Manual maress MAI DE ATOM OF THE BOX	-	
B. If amending the registered agent and/or re registered agent and/or the new registered office a		records, enter the name of the new
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida st	reet 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
		-	□ Remove
			_ Change
			□ Remove
			Change
			Add
			Remove
			□ Remove
		******	Change
			
			Remove
			Change
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Filing Fee: \$25.00