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2017 SEP 15 PM 1: 37

K. SALY SEP 1 8 2017

COVER LETTER

FO: Registration Section Division of Corporations	
SUBJECT: Captair	Jambos LLC 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:
	Melissa Richmond
	Name of Person
	Captain Jambos
	Captain Jambos Firm/Company
	Olb Fifth St Address
	Address
	Destix FL 325411 City/State and Zip Code
	City/State and Zip Code
E-mail ad	melissa (a Captain) ambos. aon Gress: (to be used for future annual report notification)
For further information concerning this matter, p	
Melissa hichnone	at (ScH) 710 - 8209 Area Code Daytime Telephone Number
Name of Petson	Area Code Daytine Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Sand State of State o	
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	2017 cm
	Captan Jambos	2017 SEP 15 PM 1:38
(Name of the Lin	ited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.) AMASSET OF
The Articles of Organization for this Limited Florida document number	Liability Company were filed on	b - (6 - 17 and assigned
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company here:	
7	,,,,,,,,,,,,,,	
The new name must be distinguishable and contain the	words "Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if app	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u> </u>	
B. If amending the registered agent an registered agent and/or the new registered	d/or registered office address on ou office address here:	r records, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	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 adde or removed from our records: TILLED MGR = Manager 2017 SEP 15 PM 1: 38 Type of Action AMBR = Authorized Member <u>Title</u> <u>Name</u> **Address** ALL AHASSEE, FLOPINS ⊞∧dd Remove Change **⊡**Add Remove Change Add Remove Change ∐Add Remove ⊞Add Remove Change Remove Change

<u> </u>	n, enter change(s) here: (Attach additional sheets. if necessary.)
Amandment to	Article III: (to replace Artic
III in i	ts entirety)
Ownership	of Captain Jambos LLC is to
be split	51% to Melissa Richmond
and 499	
assests ar	
goods o	!
30018	
<u> </u>	
····	
	To PR
ve date, if other than the dat	
If the date inserted in this block	specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 does not meet the applicable statutory filing requirements, this date will not be list
ent's effective date on the Depar	tment of State's records.
90th day after the record	is filed.
September	12 2017
•	
4	nature of a member or authorized representative of a member
Sigr	man o pri a member di damonico representativo di a member
Sign	
Sign	Melissa Richmond Typed or printed name of signee

Filing Fee: \$25.00