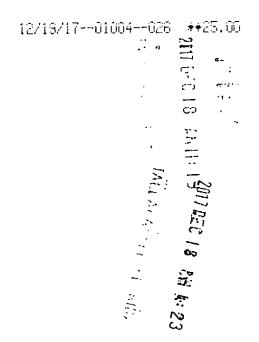
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COVER LETTER

	tration Section of Corp		•	
J. SUBJECT:	ackson Cre	ative Group LLC		
, o b g i , o i , _		Name of Lim	ited Liability Company	
The enclosed A	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return a	ll correspoi	ndence concerning this matter	to the following:	
		Milena Jackson		
			Name of Person	
			•	
			Firm/Company	
		5 W. Highbanks Rd.		
			Address	
		DeBary, FL 32713		
			City/State and Zip Code	
		thejacksoncreative@gmail.		
		E-mail address: (to be used for future annual report notifi	cation)
For further info	ormation co	oncerning this matter, please c	all:	
Milena Jackson	n		386 479-0243	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a c	heck for th	e following amount:		
■ \$25.00 Fili	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & 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

Jackson Creative Group LLC		
(<u>Name of the Limited Liah</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on June 13, 2017	and assigned
Florida document number L17000129516		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Jackson Creative Crew LLC		
The new name must be distinguishable and contain the words "Li	mited 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 ADD	ORESS)	, ra
		. 17
		C) +
Enter new mailing address, if applicable:		 -
Mailing address MAY BE A POST OFFICE BOX)		
duntis mili Delli Osi VII I lee DON		Barrie.
		
3. If amending the registered agent and/or reg	istered office address on our records e	nter the name of the ne
registered agent and/or the new registered office ad		tie tie name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	la
	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, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AP	Erik Jackson	253 Bayou Vista St. DeBary, Ft.	
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e: Tume:	re date, if other than to tive date is listed, the date in this fithe date in this not's effective date on the ord specifies a delay 90th day after the r	s block does not e Department of ved effective	neet the applicable State's records. date, but not a	e statutory filing requ	irements, this date	will not be liste
ed.	December	14	. 2011			
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				MA		77
		Signature of	a member or authoriz	ed representative of a n	iember	
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		Milena	Jackson	anna af sissees	<u>_</u>	
	-	M.lena	Jackson Typed or printed r	name of signee		•
		Milena	Typed or printed a	name of signee		

Page 3 of 3

Filing Fee: \$25.00