L17000142863

(Requestor's Name)
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,
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PICK-UP WAIT MAIL
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SEGRETARY OF STATE

COVER LETTER

Divi	sion of Corp	ocrations		
		nds Ambassador LLC		
SUBJECT		Name of Lim	ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	idence concerning this matter	to the following:	
		Cathy Neller		
			Name of Person	
			Firm/Company	
		73 Windtree East		
			Address	
		Torrington, CT 06790		
			City/State and Zip Code	
		neller@jacksonbrandsllc.co		
		E-mail address: (to be used for future annual report notifi-	cation)
For further in	iformation co	neerning this matter, please co	all:	
Christopher I			203 645-0452 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
\$25.00 Fi	iling 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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 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 Brands Ambassador LLC

(Name of the Limi	ted Liability Compa	nny as it now appears on our record Liability Company)	<u></u>
	(A Florida Limited	Liability Company)	······
The Articles of Organization for this Limited I Florida document number <u>L17000142863</u>	iability Company	were filed on 7/3/2017	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
Jackson Brand Ambassadors LLC		`	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	,
(Principal office address MUST BE A STREET ADDRESS)			17 OF SECRE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	N/A	ASSEE PLONI
B. If amending the registered agent and registered agent and/or the new registered of			ls, enter the ne
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
	· · · · · · · · · · · · · · · · · · ·	Enter Florida street addre	SS
		, FI	lorida
		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:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
N/A			
			☐ Remove
			☐ Change
			Add
			Remove
			Change
			Add
			Remove
			□ Change
			Add
			□ Remove
			Change
			□ Add
		evadorat PRA for account on a	Remove
			□ Change
			□ Add
			Remove
			☐ Change

E. Effective date, if other than the date of filing: (I) an effective date is stack the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 Note: If the date inserted in this block does not need the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. Dated		
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Dated 18th of August 2017.		Oth day after the record is filed.
1200 Marie	Dated	18th of August 2017
(UTW 1 SUU		_ Carly Neller
Signature of a member or authorized representative of a member		Signature of a member or authorized representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00