117000175883

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	<u> </u>
(Document Number)	
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COVER LETTER

	egistration Services of Con			
SHRIFCT	Jager Inves	stigations, LLC		
SOBJECT	*		mited Liability Company	
The enclos	ed Articles of	Amendment and fec(s) are su	bmitted for filing.	
Please retu	m all correspo	ondence concerning this matte	r to the following:	
		Jason W. Hall		
			Name of Person	
		Jager Investigations, LLC	•	
			Firm/Company	
		581 N. PARK AVE.	0.11	
			Address	
		Apopka, FL 32712		
			City/State and Zip Code	
		jwhall@jagerinv.com	(to be used for future annual report no	are in the N
For further	information c	oncerning this matter, please o	•	ancation)
Jason W. F	łali		513 620-9969	
Name of Person		f Person	at ()	me Telephone Number
	, varie v	l reison	Area Code Dayti	me rerephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Fee	S30.00 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/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jager Investigations, LLC		
(Name of the Lin	mited Liability Company as it now appears on our records.)	-
	(A Florida Limited Liability Company)	
The Articles of Organization for this Limited	Liability Company were filed on August 17, 2017 and	assigned
l l	und	assigned
Florida document number L17000175883	<u> </u>	
This amendment is submitted to amend the fo	ollowing:	
A. If amending name, enter the new name	of the limited liability company here:	
	<u> </u>	
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC" or the abbreviation	"L.L.C."
Enter new principal offices address, if appl	licable:	
(Principal office address MUST DE 4 STRE	CET ADDRESS	
(Principal office address MUST BE A STRE	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u></u>	
		_
		
 If amending the registered agent an 	d/or registered office address on our records, enter the name	e of the new
registered agent and/or the new registered	office address here:	
		;
Name of New Registered Agent:	ျှ ့	•
 _		
New Registered Office Address:	·	
	Enter Florida street address	-
	1	
	, Florida	
	City Zip Coo	le -
Nam Danisa and America Course of the Course		
New Registered Agent's Signature, if changing	Registered Agent:	
hereby accept the appointment as register	 red agent and agree to act in this capacity. I further agree to co.	
revisions of all statutes relative to the new	per and complete performance of my duties, and I am familiar v	npiy wun ine
recent the obligations of an emiliar	pper and complete performance of my duties, and I am familiar y	vith and
iccept the obligations of my position as reg	gistered agent as provided for in Chapter 605. F.S. Or, if this do	cument is
peing filed to merely reflect a change in the	e registered office address. I hereby confirm that the limited liab	ility
company has been notified in writing of this	is change.	

Page 1 of 3

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>	<u>Address</u>	Type of Action
MGR	Jason W. Hall Jr.	581 N. PARK AVE.	_ Add
	Apopka, FL 32712	Remove	
			Change
MGR Jason W. Hall	581 N. PARK AVE.		
	Apopka, FL 32712	Remove	
			Change
AMBR	Evelyn Hall	581 N. PARK AVE.	
	Apopka, FL	Remove	
		Change	
	<u> </u>		Add 7
		Change	
			☐ Remove
		Change	
			Add
			□ Remove
		Change	

 n, enter change(s) here: (Attach additional sheets, if necessary.)
SS: CB
A A
te of filing: $\frac{HUQUS+17}{20(7)}$ (optional)
te of filing: HUGUST 17, 2017 (optional) specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (does not meet the applicable statutory filing requirements, this date will not be listed as a timent of State's records.
 fective date, but not an effective time, at 12:01 a.m. on the earlier of: is filed.
2017
nature of a member or authorized representative of a member
Typed or printed name of signee
11
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