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## **COVER LETTER**

TO: Registration Section Division of Corporal			
SUBJECT:	ER INVEST	IGATIONS	
	ER INVEST Name of Limit	ed Liability Company	
The enclosed Articles of Amer	idment and fee(s) are subm	nitted for filing.	
Please return all correspondence	ce concerning this matter to	o the following:	
	JASON W	J HALL Name of Person	
		Name of Person	
_	JAGER IN	VESTIGATIONS L	<u> </u>
		Firm/Company	_
_	581 N. PARK A	VE.	
		Address	
_	APOPKA /	FLORIDA 327, City/State and Zip Code	12
_	jwhall & j	be used for future annual report notifica	tion)
For further information concer	ning this matter, please cal	<b>!</b> :	
SASON HA	42 Z	at ( <u>5/3</u> ) <u>620 - 9</u> Area Code Daytime To	7969 elephone Number
nclosed is a check for the foll	owing amount:		
1 \$25.00 Filing 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

(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)	<del></del> ,	
he Articles of Organization for this Limited Liability Company	were tiled on $17$	AUG 20	217 and assigned
lorida document number <u>L 17000 175883</u> .			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liab	ility company here:		
ne new name must be distinguishable and contain the words "Limited Liabil	lity Company," the design	eation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:			<del></del>
Principal office address MUST BE A STREET ADDRESS)			100 TO
nter new mailing address, if applicable:	P.O. Box	1324	:::, 골 U
Mailing address MAY BE A POST OFFICE BOX)	APOPKA, F	-L 3a-	104= <sup>6</sup>
. If amending the registered agent and/or registered of gistered agent and/or the new registered office address here  Name of New Registered Agent:	Mice address on ou g:	r records, <u>e</u>	nter the name of the n
New Registered Office Address:	Enter Florida s	treet address	
		Florid	la
	City		Zip Code
ew Registered Agent's Signature, if changing Registered Agent:			

If Changing Registered Agent, Signature of New Registered Agent

ing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

mpany has been notified in writing of this change.

It 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>	Name	Address	Type of Action
<u>VP</u>	MARK LOWE	P.O. BOX 1324	<b>B</b> Add
		APOPKA FL 32704	Remove
		, 	Change
VP	JASON HALL	P.O. BOX 1324	Add
		APOPKA FL 32704	□ Remove
			Change
P	JASON HALL Jr.	P.O. Box 1324	
		APOPKA FL 32704	☐ Remove
			Change
MBR	EVELYN HALL	P.O. Box 1324	
		APOPKA FL 32704	Remove
			Change
			🗆 Add
			Remove
			Change
<del></del>			
			☐ Remove
			Change

Changing the address of the following:  JASON HALL; JASON HALL Jr; EVELYN HALL  Changing the title of the following  JASON W HALL from MUR to Vice President
Changing the title of the following  JASON W HALL from MGR to Vice President
Changing the title of the following
JASON W HALL JR from MGR to Presiden
17 DEC 15

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Filing Fee: \$25.00