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COVER LETTER

TO: Registration S Division of Co			
KIDTAS	TIC JAX LLC		
SUBJECT:		ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	MARSHA SIHA		
		Name of Person	
	INCFILE.COM LLC		
		Firm/Company	
	17350 STATE HWY	249 SUITE 220	
		Address	
	HOUSTON TX 7706		
	MARCHAGINGELE	City/State and Zip Code	
	MARSHA@INCFILE E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
MARSHA SIHA		888 462-3453	3
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	☐ \$30.00 Fiting 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)
Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	orations Tenter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KIDTASTIC JAX LLC	
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Completion of the Articles of Organization for this Limited Liability Completion of the Articles of Organization for this Limited Liability Complete States of Completion of the Articles of Organization for this Limited Liability Complete States of Organization for the Organization for the Organization for this States of Organization for the Organizatio	pany were filed on 10/05/2017 and assigned
A. If amending name, enter the new name of the limited	liability company here:
The new name must be distinguishable and end with the words "Limite	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	101 Marketside Avenue Suite 404-340
(Principal office address MUST BE A STREET ADDRES	Ponte Vedra, FL 32081
Enter new mailing address, if applicable:	101 Marketside Avenue Suite 404-340
(Mailing address MAY BE A POST OFFICE BOX)	Ponte Vedra, FL 32081
registered agent and/or the new registered office address Name of New Registered Agent:	ed office address on our records, enter the name of the new s here:
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered A	gent:
provisions of all statutes relative to the proper and com accept the obligations of my position as registered agen	d agree to act in this capacity. I further agree to comply with the plete performance of my duties, and I am familiar with and it as provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability
ī	f Changing Registered Agent, Signature of New Registered Agent
P	Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			☐ Remove
			
			Remove
			5 0
			Remove
			(.)
			Add
			C Remove

MGR = Månager

101 Marketside Avenue	Suite 404-340 Ponte Vedra,	FL 32081
		-
Effective date, if other than the dat he effective date must be specific, cannot be the date this document is filed by the Florida	prior to date of receipt or filed date and car	(optional) nnot be more than 90 days after
Dated December 11	2017	
	BR	

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Filing Fee: \$25.00