## 118000099879

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	-
Certified Copies Certificates of	Status
Special Instructions to Filing Officer:	

Office Use Only



800319826578

10/23/18--01020--008 \*+30.00

SECRETARY OF STATE TALLAHASSEE, FLORING

NOV 0 1 2018 S. YOUNG . OCT 23 PM 5:57

## **COVER LETTER**

	istration Sect ision of Corp					
en in trezer	Amendment	of articles of Organization				
SUBJECT:		Name of Limi	ted Liability Company			
The enclosed	l Articles of A	mendment and fee(s) are subr	nitted for filing.			
Please return	all correspond	dence concerning this matter t	to the following:			
		Dyan E. Jackson				
			Name of Person			
		Jaxon Management Consul	tant Firm, LLC			
			Firm/Company			
		8 Kilverstone Way				
		Hampton, VA 23669	Address		18 OCT 23 PN 5:57 SECRETARIOF STATE TALLAHASSEE, FLORIDA	
			City/State and Zip Code	<u> </u>	23 ASS	
		mindurbizness8@gmail.com	1		E 9 72	8
		E-mail address: (to	o be used for future annual report notifi	cation)	FLC ST ST	
For further in	iformation cor	ncerning this matter, please ca	11:		A I E	
Dyan E. Jacl	kson		954 668-8489 at ( )		<b>"</b>	
	Name of I	Person		Telephone Number		
Enclosed is a	check for the	following amount:				
□ \$25.00 F	iling Fec	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

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

MINDURBIZNESS, LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our re nited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Com	pany were filed on April 13, 201	8 and assigned
Florida document number L18000099879		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Jaxon Management Consultant Firm, LLC		
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 applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>(S)</u>	SELECTION IN THE PROPERTY OF T
Enter new mailing address, if applicable:	·	FILE I
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		. Florida
	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
			Add
			Remove
			□ Change
			□ Remove
			☐ Change
			18 Add OCT SCERNING TO
			Rengive T
			Change Si S 7
			Add ☐
			□ Remove
			Change
	-		☐ Add
			Remove
			☐ Change
			Add

□ Remove

\_\_\_\_\_ Change

	ONE
-	
•	
-	
-	
	· ·
•	ASC 80
-	
-	
	<u> </u>
-	5 v
-	
Effect	e date, if other than the date of filing: (optional) live date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
(II an er Note:	the date is listed, the date must be specific and cannot be prior to date of fining or more than 90 days after filing.) Pursuant to 005,0207 (the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to
	t's effective date on the Department of State's records.
	·
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
) ine	Oth day after the record is filed.
Dated	Dynn E. Jackson  Dynn E. Jackson
15(11011	^ _
	() way 71 facul

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00