

118000131153

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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18 SEP 14 AM 10:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 17 2018

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JAX Molding  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

LOUIS VAN DEUSEN  
Name of Person

LK2 Manufacturer  
Firm/Company

PO Box 5492  
Address

Jacksonville FL, 32246  
City/State and Zip Code

lk2manufacturer@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JHGJHGGKHGKKK LOUIS VAN DEUSEN at ( 904 ) 874 9200  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$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**

Jax Molding LLC

(Name of the Limited 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 5/25/2018 and assigned  
Florida document number L18000131153.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5669 West Deaver St  
Jacksonville, FL 32254

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent

New Registered Office Address:

LOUIS VAN DERSEN

PO BOX 5452 1804 W. Ilesdon Drive  
East

Enter Florida street address

Jacksonville

City

Florida 32246

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.

[Signature] 8/16/2018  
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>	<u>Type of Action</u>
AMBR	KAZIMIERZ Wgciak	1884 W. Ilesdon Dr E	<input checked="" type="checkbox"/> Add
		Jacksonville FL 32246	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR			
n/a	Andrew Ocean	6240 C Dupont Station	<input type="checkbox"/> Add
		Court East, Jacksonville	<input checked="" type="checkbox"/> Remove
		FL, 32217	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

18 SEP 14 AM 11:40  
SUBMITTED TO STATE  
ALLIANCE OF FLORIDA

FILED

18 SEP 14 AM 10:30  
SECURITY OFFICE  
TALLAHASSEE, FLORIDA

18 SEP 14 AM 10:40  
SECURITY OF STATE  
TALLAHASSEE FLORIDA

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(If an effective 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 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

August 16, 2018.

Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

KAZIMIERZ WOJCIK  
Typed or printed name of signer

Typed or printed name of signer