

W9000156040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

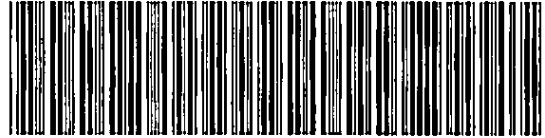
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2022 JUL 20 PM 5:31  
TALLAHASSEE, FLORIDA

SEP 29 2022  
S. PRATHEP

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Jacobs Investment Group LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Taja Jacobs

\_\_\_\_\_  
Name of Person

Celebrity's Management Co., LLC

\_\_\_\_\_  
Firm/Company

2631 SE 58th Avenue

\_\_\_\_\_  
Address

Ocala, FL

\_\_\_\_\_  
City/State and Zip Code

franchise@celebrityssoulfood.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Taja Jacobs

424

335-5412

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2022 JUL 20 PM 5:31  
ALLIANCE  
FLORIDA  
SIGNED

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

Empyrean Future Holdings LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**(Principal office address MUST BE A STREET ADDRESS)**

***(Mailing address MAY BE A POST OFFICE BOX)***

Name of New Registered Agent:

**New Registered Office Address:**

Enter Florida street address

**, Florida**

Civ

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*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**



[illegible]

(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)

Dated

Taja Jacobs  
Typed on

Typed or printed name of signee

STATE  
TALLAHASSEE, FLORIDA

2022 JUL 20 PM 5:31

100

**Filing Fee: \$25.00**