

L18000211379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

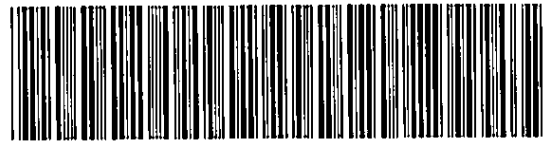
(Document Number)

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06/03/19--01039--013 **52.50

FILED
20 SEP 16 PM 4:20
SECRET
ALBANY, NY

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TENACITY JAX LLC
Name of Limited Liability Company

SEP 16 PM 4:20
FEB 16

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

Please return all correspondence concerning this matter to the following:

PENELOPE COWAN
Name of Person

TENACITY JAX LLC
Firm/Company

4830 LATIMER RD S
Address

JACKSONVILLE FL 32257
City/State and Zip Code

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

For further information concerning this matter, please call:

PENELOPE COWAN at (904) 517-7544
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)
- ALREADY SENT
A CHECK FOR \$52.50 THAT WAS CASHED.

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**

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

2018 SEP 16 14 48 20
CLERK OF THE COURT
JACKSONVILLE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 9-5-2018 and assigned
Florida document number L18000211379.

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)

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:

PENELOPE COWAN

New Registered Office Address:

4830 LATIMER RD S

Enter Florida street address

JACKSONVILLE, Florida 32257

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.

PENELOPE COWAN
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>
<u>DIR</u>	<u>MICHAEL PETERS</u>	<u>2026 BILLS DR</u>	<input type="checkbox"/> Add
		<u>JACKSONVILLE FL 32210</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>DIR</u>	<u>PHILIP LIMBAUGH</u>	<u>5457 101 ST</u>	<input checked="" type="checkbox"/> Add
		<u>JACKSONVILLE FL 32210</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[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)

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.

Denise Cawon
Signature of a member or authorized representative of a member

PENNELOPE COWAN
Typed or printed name of signee