# L19000/5815Z

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## **COVER LETTER**

Division of Cor	porations		
Jason Knox	c, LLC		
Sobalet.	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Bradley D. Bryant, Esquire		
		Name of Person	
	Bryant Law Office		
		Firm/Company	
	4851 Tamiami Trail North,	Suite 300	
		Address	
	Naples, FL 34103		
	jason.knox@compass.com	City/State and Zip Code	
	E-mail address: (t	o be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	ill:	
Bradley D. Bryant, Esqu	ire	239 566-1001 at ()	
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ING ADDRESS:	STREET/COURIE	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Sections

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jason Knox, LLC		
(Name of the Limited Lin (A Flo	ability Company as it now appears on our reco orida Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Florida document number L19000158152	ty Company were filed on June 14, 2019	and assigned
This amendment is submitted to amend the following	g:	
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 "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	
3. If amending the registered agent and/or registered agent and/or the new registered office a		ds, enter the name of the no
		5 5
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street addr	USS
_	, F	Florida Zip Code
	Cuy	гір Соае

#### 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 adde or removed from our records:

### MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JASON KNOW	3414 HANCOCK BRIDGE PARKWAY, UNIT 701E	
<del></del>		NORTH FT. MYERS, FL 33903	
			■ Remove
			Change
MGR	JASON KNOX	3414 HANCOCK BRIDGE PARKWAY, UNIT 701E	■ Add
		NORTH FT. MYERS, FL 33903	
			□ Remove
			Change
		~	Add
			□ Remove
			Change
		<del></del>	
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		<u>-</u>	<del></del>
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Effective date, if other than	the date of filing:		_ (optional)
(If an effective date is listed, the date Note: If the date inserted in the	e must be specific and cannot be prior	cable statutory filing requireme	ays after filing.) Pursuant to 605.0207 (3 nts. this date will not be listed as th
the record specifies a dela ) The 90th day after the		ot an effective time, at 1	2:01 a.m. on the earlier of:
Dated August 12	2019		
Dated -	——————————————————————————————————————	<del>_</del> · /	
Dated			

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Typed or printed name of signee

Filing Fee: \$25.00