L19000173298

(Re	equestor's Name)	
(Ac	ddress)	_
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
☐ PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	- -
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

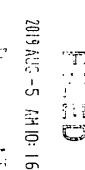
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R. WHITE AUG 12 2019

COVER LETTER

TO:

	Registration Se Division of Cor		1 :			
SUBJEC		DRESSED UP BY JESSUP LLC				
SUBJEC	· I ·	Name of Lim	ited Liability Company			
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspo	endence concerning this matter	to the following:			
		JOHN J JESSUP JR				
			Name of Person			
		DRESSED UP	BY JESSUP LL	С		
			Firm/Company	· · · · · · · · · · · · · · · · · · ·		
		14100 EAGLE FEATHER	S DR			
			Address			
		JACKSONVILLE, FL 32226				
		DRESSEDUPBYJESSUP@	City/State and Zip Code			
		E-mail address: (to be used for future annual report no	tification)		
For furth	er information c	oncerning this matter, please co	all:			
JOHN J	JESSUP JR		904 535-7264 at ()			
	Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed	is a check for th	ne following amount:				
S2 5.0	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)		
	Registr	ING ADDRESS: ation Section on of Corporations	STREET/COUR Registration Section Division of Corporation			

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DRESSED UP BY JESSUP LLC

2019 AUG - 5 AM 10: 16

(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 JULY 03, 2019 Florida document number L19000173298 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: New Registered Office Address: Enter Florida street address _____, Florida ____

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	KIWANA L JESSUP	14100 EAGLE FEATHERS DR JACKSONVILLE, FL. 32226	
			Remove
			Change
			☐ Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			Change
			Add
			☐ Remove
			□ Add
			□ Remove
			Change

If amer	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
_	
_	
_	
_	
	JULY 31, 2019
(If an effective Note: I	ye date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	JULY 26 2019
	Ma I leas a I
	Signature of a member of adihorized representative of a member
	JOHN J JESSUP JR
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00