(Re	equestor's Name)	
(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:		
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
Free Amer	dment	

Office Use Only

K. PAGE. AUG 22 2019



000333268690

19 AUG 21 AM

SECRETARY OF STATE

## **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJE	CT: Jacked	f in the Box LLLC		
0000		Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
			chris ennis	
			Name of Person	
			jacked in the box llc	
			Firm/Company	
			2008 N. 19th St.	
		-	Address	
			Tampa, FL 33605	
			City/State and Zip Code	
			o@jackedinthebox.store to be used for future annual report not	Tigation)
For furt	her information c	oncerning this matter, please co		
<del></del>	Name o	f Person	at ()	e Telephone Number
Enclose	d is a check for th	ne following amount:		
□ <b>\$</b> 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, F1, 32301 DocuSign Envelope ID: CB16406E-F996-4C03-840E-2F306A08AC86
ARTICLES OF AMENDMENT

# TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now approximately Company (A Florida Limited Liability Company)	ears on our records.	<u>.</u> )		
The Articles of Organization for this Limited Liability Company were filed on _	08/06/19		and as:	signed
Florida document numberL19000200228				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability company	here:			
jacked in the box llc				
The new name must be distinguishable and contain the words "Limited Liability Company," the	e designation "LLC"	or the abbrevi	ation "l.	L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		- ÷	-7	#1 <u>C</u>
			<u></u>	- 186 - 186 - 186
		芸	JG ;	మీమ ఆరు
Enter new mailing address, if applicable:		SE	12	5.45 1.45 1.45 1.45 1.45 1.45 1.45 1.45
(Mailing address MAY BE A POST OFFICE BOX)			De DK	셨유트
		유;	==	<del>- 100</del> 25 is
		<u>\$</u> ;;	9+	<u> </u>
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records,	enter the	n <u>am</u> e	of the ne
Name of New Registered Agent:				
New Registered Office Address:				
Enter F	lorida street address			
	. Floi	rida		

#### 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

Zip Code

DocuSign Envelope ID: CB16406E-F996-4C03-840E-2F306A08AC86
II amenuing Authorized rerson(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		
			Add		
			Remove		
		<del></del>	☐ Change		
	<del></del>		Add		
			□ Remove		
			□ Change		
		<del></del>	Remove		
			Change		
			Add 19 N		
			19 Me Clange Change Cha		
			AH 150 CONTROL OF THE ORDER OF		
			☐ Remove		
			Change		

				<u>-</u>		<del></del> -			
							·		
							<u> </u>		
								_ <del></del>	
-									
						-			
					<del></del>				<del></del>
				<u> </u>					19
		<del>-</del> _			<u> </u>			<u> </u>	AUG
								SSE	2
			. •					11 <u>5</u>	<u> </u>
			<u> </u>		-			92.2	<del>-</del> -
		<del></del>			<del></del>			<u>5</u> ::	_\$
			<u> </u>		<del> </del>			<del></del>	
						· <del>-</del> ·-			
		<del></del>	<u> </u>	<del>'-</del>					
	<del></del>					· · · · · ·		<u>-</u>	
Effective of	late, if other than the	e date of filin	9:				_ (optional	<b>)</b>	
(II an effectiv	e date is listed, the date me e date inserted in this b	ast be specific and	d cannot b	e prior to dat	e of filing or n	nore than 90 d	avs after filing	z.) Persuant to	605.0.
document':	s effective date on the I	Department of S	State's re	cords.		ig requireme	ms, una dan	e will not be	Hacco
t									
The 90	specifies a delaye th day after the rea	d effective c cord is filed.	date, bi	ut not an	effective	time, at 1	2:01 a.m.	on the ea	arlier
	8/21/2019		·	- DocuSigned by					
Dated			ſ						
Dated			[ 4	cheis enni	•				

Page 3 of 3

Filing Fee: \$25.00