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COVER LETTER

Division of Corporations				
SUBJECT: Jacked in t	he Bo	OX LLC d Liability Company	 	
The enclosed Articles of Amendment and fee	(s) are submi	tted for filing.		
Please return all correspondence concerning t	his matter to	the following:		
Danie	1 Cla	Name of Person		
Jacked	lint	he Box Ll Firm/Company	<u>C</u>	
1306 E	: Wa	shington Address	St.	
Tampa,	<u>-13</u>	3602 City/State and Zip Code		
into Q jo	ickelin I address: (fo'l	The box Store be used for future annua	al report notification)	
For further information concerning this matte	r, please call:	:		
Name of Person		at (813)Area Code	3/7-672 Daytime Telepho	one Number
Enclosed is a check for the following amount	:			
\$25.00 Filing Fee S30.00 Filing Certificate of		☐ \$55.00 Filing Fee Certified Copy (additional copy is ea		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jacked in the Bo	d Liability Compa A Florida Limited I	ny as it now appears on o	our records.)	2020 ···· -6 All 8: 46
The Articles of Organization for this Limited Lia Florida document number 11900200				and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and contain the wo	ble:	ity Company," the designa	tion "LLC" or the	he abbreviation "L.L.C."
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE I	<u>80X)</u>			
B. If amending the registered agent and/or re agent and/or the new registered office address		address on our record	is, <u>enter the </u>	name of the new registered
Name of New Registered Agent: New Registered Office Address:	Daniel 1306 E	Clark Washington Enter Florida str	St.	
	Tampa	City	, Florida	33(0) 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

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
			□Add
			□Remove
			∷t □Change
			□Add
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			☐Remove
			□ Change

Typed or printed name of signee