

L21000148359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

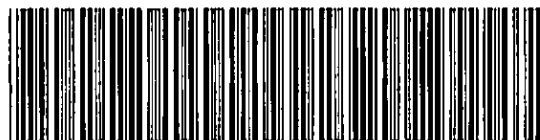
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 MAY 10 PM 12:39
CLERK OF SUPERIOR COURT
CLERK OF SUPERIOR COURT

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TRIXIE & JAX, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

KIRSTY V. PATRICK-SMITH

Name of Person

TRIXIE & JAX PAPER CO.

Firm/Company

550 FISHERMAN ST UNIT 540481

Address

OPA-LOCKA, FL 33054

City/State and Zip Code

TRIXIEANDJAXPAPERCO@GMAIL.COM

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

For further information concerning this matter, please call:

KIRSTY V. PATRICK-SMITH

Name of Person

at (713) 445-6237

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)

Mailing Address:

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**

TRIXIE & JAX PAPER COMPANY

(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 MARCH 30, 2021 and assigned
Florida document number L21000148359.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2191 NW 133RD ST

MIAMI, FL 33167

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

550 FISHERMAN ST UNIT 540481

OPA-LOCKA, FL 33054

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

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.

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>
AMBR	PATRICK-SMITH, KRISTY V.	2191 NW 133RD ST	<input type="checkbox"/> Add
		MIAMI, FL 33167	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
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2021 MAY 19 PM 12:39
CITY OF MIAMI
OFFICE OF THE CITY CLERK

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

EMPLOYER IDENTIFICATION NUMBER: 86-3155084

FICTITIOUS NAME: TRIXIE & JAX PAPER COMPANY

FICTITIOUS NAME REGISTRATION NUMBER: G21000049106

2021 MAY 10 PM 12:38
FILED
CLERK OF COURT
JULIA A. GIBSON

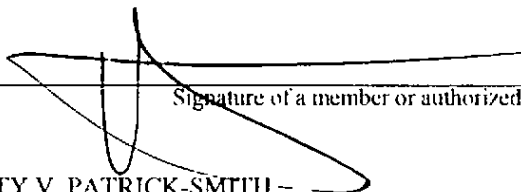
E. Effective date, if other than the date of filing: _____ **(optional)**

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated APRIL 13, 2021



Signature of a member or authorized representative of a member

KHRISTY V. PATRICK-SMITH

Typed or printed name of signee

State of Florida

Department of State

I certify the attached is a true and correct copy of the Articles of Organization of TRIXIE & JAX, LLC, a limited liability company organized under the laws of the state of Florida, filed electronically on March 30, 2021 effective March 30, 2021, as shown by the records of this office.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

The document number of this limited liability company is L21000148359.

Authentication Code: 210409092612-300363040683#1

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Ninth day of April, 2021

State of Florida

Department of State

I certify from the records of this office that TRIXIE & JAX, LLC, is a limited liability company organized under the laws of the State of Florida, filed electronically on March 30, 2021, effective March 30, 2021.

The document number of this company is L21000148359.

I further certify that said company has paid all fees due this office through December 31, 2021, and its status is active.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

Authentication Code: 210409092612-300363040683#1

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Ninth day of April, 2021