L21000192.167

(F	Requestor's Name)	
	Address)	
(~	(ddiess)	
	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
		
(E	Business Entity Name)	-
	Occument Number)	
(L	ocament Number)	
Certified Copies	Certificates of	Status
Special Instructions to F	Filing Officer:	

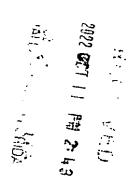
Office Use Only

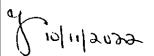


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22 CT 11 FH 3: 09





COVER LETTER

FO:		orations		
	12 YOUR	Jack	uc Bennett	LLC
SOBJ	EC1:	Name of Limite	d Liability Company	
The e	nclosed Articles of A	mendment and fee(s) are subm	ined for filing.	
Please	e return all correspon	dence concerning this matter to	the following:	
	He enclosed Articles of Amendment and fee(s) are submitted for filing. Ideal Color Sennett			
			Name of Person	
SUBJECT: Jacks Benneth LLC Name of Limited Liability Company				
		3072 /	V. Fulmer CII	
		L-mail address: (t	o be used for future annual report hotif	nail, Com
For t	urther information co			
	Name o	Person	at ()	: Telephone Number
Encl	losed is a check for th	ne following amount:		
G.	^		Certified Copy	Certificate of Status & Certified Copy
	Registration	Section Corporations 27	Registration Se Division of Co The Centre of	rporations Fallahassee be Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1 to Ran	-++	, , C	2022 007 11	Fil 3: 09
(Name of the Limited Liability Compan (A Florida Limited Li	ny as it now appear lability Company)	s on our records.)		-
The Articles of Organization for this Limited Liability Company of Florida document number <u>L2/000 192/6</u> 7	were filed on	4-26	−Z / and assign	ed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company h	<u>:re</u> :		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the c	lesignation "LLC" o	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 : agent and/or the new registered office address here:	address on our	records, <u>enter tl</u>	ne name of the new r	egistered
Name of New Registered Agent:				
New Registered Office Address:	Enter Fl	orida street address		
		Flor	rida	
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance o provided for in	of my auries, and Chapter 605, F	a r am jamuun wun F.S. Or, if this docum	tent is

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

Title	<u>Name</u>	Address	Type of Action
AMBR	George HARRYS	3072 N. Fulmer Cir	Add
·		3072 N. Fulmer CIr TAILA. 7/4 32303	□Remove
			_
			🗆 Add
			□Remove
			□Change
			□Add
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an effective date ote: If the date	if other than the date is listed, the date must be see inserted in this block of ctive date on the Depart	does not meet the	applicable statu	12 2 ding or more than 90 tory filing requirer	(optional) days after filing.) Purnents, this date will	suant to 605.0207 not be listed as
record specifie is filed.	s a delayed effective da					th day after the
ated	10/11 (sig Jack)	lacky	ozz Sum	ett	ber	,
	2107	lature of a member	or ammorized rebi	eschalive of a mem	oci	

Filing Fee: \$25.00