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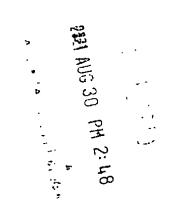
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COVERLETTER

TO: Registration Section Division of Corporations	
SUBJECT: Jackson Wive	mited Liability Company
Name of 12h	Amed Entomy Company
The enclosed Articles of Amendment and fee(s) are su	bmitted for filing.
Please return all correspondence concerning this matte	er to the following:
	Solliva n Name of Person
	Sollivan PLLC Firm/Company
9	Havencrest Drive
Prce,	FL 32571
ti fang (E-mail address:	City/State and Zip Code City/State and Zip Code Tiffany 53/1/Van /aw, com (to be used for future annual report notification)
For further information concerning this matter, please	call:
Tillary Sollivar	at (150) 380 - 8838 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jackson L	Sives Squared, LLC
(Name of the Limited Liability (A Florida	y Company as it now Pappears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L2100037273</u>	ompany were filed on $\frac{8-19-21}{4}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limi	ted 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 ADDR	<u>ESS)</u>
Enter new mailing address, if applicable:	AUG 3
(Mailing address MAY BE A POST OFFICE BOX)	
	₹ 2: - · ·
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new regis
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 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 at or removed from our records: MGR = Manager AMBR = Authorized Member **Address** Type of Action **Title** Name 6899 Martin Rd DAdd
Milton, FL 32570 ARemove Brooke Jackson MGR □Change Face FL 32571 premo Deanna Jackson MGR _ □Change Add A A B G Remové Change \square Add Remove ☐ Change □Add □Remove □ Change □Add Remove

Change

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Tective date, if other than the date of filing: $\frac{6-/8-21}{}$	(optional)
n effective date is listed, the date must be specific and cannot be prior to date of filingte. If the date inserted in this block does not meet the applicable statutory	ng or more than 90 days after filing.) Pursuant to 605.0
cument's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective time, at 12:01	a muon the earlier of: (b). The 90th day after
is filed.	a.m. on the earther on (b) The 20th day after
1ed 8-25 2021.	
led 0 23 2021.	
Signature of a member or authorized represer	

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Filing Fee: \$25.00