L2/000391020

(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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2024 MAR 25 PM 2: 20 SECRI MAR SSEE, FL

COVER LETTER

TO: Registration Se Division of Cor			,	
SUBJECT:	Jax Wax Flon	da LLC		
	Name of Lim	ited Liability Compan	у	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing		
	, ,	-		
Please return all correspo	ndence concerning this matter	to the following:		
		Beverly J	tasis	·
		Name of Perso	n	
	<u>Jax</u>	Wax Floor	la LLC	
	26254	l UJ High Address	wey 19 N	
	Clear	vater, Fi	33761 Code	
			Code ([/\] // Com nnval report notification)	
For further information co	oncerning this matter, please ca	all:	•	
.1	. fr			
Name of	ly Jhuir Person	at (<u>7)7</u> Area Code) 493-0970 : Daytime Teleph	none Number
Enclosed is a check for th	e following amount:			
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Certified Cop (additional copy	ру	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres			eet Address:	2024 MAR SECALLA
Registration S Division of C			gistration Section vision of Corporation	
P.O. Box 632	•		e Centre of Tallaha	¢¢ee
Tallahassee, I	FL 32314		15 N. Monroe Stree llahassee, FL 32303	11140

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com	pany as it now appears on our records.) d Liability Company)
(A Florida Limited	d Liability Company)
The Articles of Organization for this Limited Liability Compan	y were filed on March 22, 2014 and assigned
Florida document number <u>L 21000391000</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" 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)	
R. If amending the registered agent and/or registered office	e address on our records, enter the name of the new registered
agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agen	City Zip Code
provisions of all statutes relative to the proper and complet	
accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic	
company has been notified in writing of this change.	e duaress, Thereby Confirm that the timilea dubinity away
	SOCO TO TO
	EE, S
If Ch	anging Registered Agent, Signature of New Registered Agent
	m 0

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
MGR	Jamuel Gavin	7184 60H St. N	(MAdd
		Pinilai Park, FL 33781	□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
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			Change
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			Remove SECI AR 2 SAId SAId SAId SAId SAId
			PH 20

Page 2 of 3

mending any other information, enter change(s) here: (Attach additional sheets, if neo	.c.mar y . y	
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ective date, if other than the date of filing: (opti-		5.02
e: If the date inserted in this block does not meet the applicable statutory filing requirements, the ument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effective time, at 12:01 he 90th day after the record is filed.	a.m. on the earl	ier
ed March 22, 2024.	2024 SEC TA	
I chall	2024 MAR 2 SECHLIATI TALLATI	
/Signature of a member or authorized representative of a member	25 S	
<i>y</i> · <i>z</i> · · · · · · · · · · · · · · · · · · ·	38. 70.	4
Beverly M. Stans	. S. €2	(