# LZ1000514373

| (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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01/13/23--01006--001 \*\*25.00

#### **COVER LETTER**

|                  | ration Section<br>on of Corporations | ••                          |   |  |
|------------------|--------------------------------------|-----------------------------|---|--|
| SUBJECT: _       | Jackson                              |                             | HBYLE GLOUP, LLC<br>ted Liability Company                           | <u> </u>   |
| The enclosed A   | rticles of Amendment and             | d fee(s) are subr           | nitted for filing.  |  |
| Please return al | l correspondence concern             | ing this matter t           | o the following:  |  |
|                  |                                      | Jadiona                     | JACKS (N<br>Name of Person  |  |
|                  |                                      | Jackson                     | Really Hime Gro   | ip, UC   |
|                  | <del></del>                          | 1824 Ho                     | 1stings Tervace<br>Laddress   |  |
|                  |                                      | Orland                      | O Florida 32508<br>Eity/State and Zip Code                          |  |
|                  |                                      | E-majl address: (to         | 1 @ VICIONA ACKEN - Co<br>o be used for futury annual report not    | M<br>fication)   |
| For further info | rmation concerning this r            | natter, please ca           | II:   |  |
| Jadio            | Name of Person                       |                             | at (40) 405-U<br>Area Code Daytin                                   | 1604<br>Telephone Number   |
| Enclosed is a cl | heck for the following am            | ount:                       |   |  |
| \$25.00 Fili     | ng Fee                               | ling Fee &<br>ate 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

| Jackson Real   | ty Home Group, LLC   |
|--|--|
| ( <u>Name of the Limited</u><br>(A   | Lability Company as it now appears on our records.)  Florida Limited Liability Company)      |
| The Articles of Organization for this Limited Lial Florida document number 14373                 | bility Company were filed on 1206/2021 and assigned  |
| This amendment is submitted to amend the follow  | ving:  |
| A. If amending name, enter the new name of t   |  |
| Jackson Realty   | ds "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."             |
| The new name must be distinguishable and contain the wor   | ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."           |
| Enter new principal offices address, if applical   | ole: NA  |
| (Principal office address MUST BE A STREET   | ·  |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO              | OX)  |
| B. If amending the registered agent and/or reg<br>agent and/or the new registered office address | gistered office address on our records, <u>enter the name of the new registered</u><br>here: |
| Name of New Registered Agent:  |  |
| New Registered Office Address:   | Enter Florida street address   |
|  | , Florida  |
|  | City Zin Coyle   |

#### 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 |
|--------------|--------------|---------------------------------------|----------------|
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|              |              |                                       | □Remove        |
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 $\Box$ Channa

# Page 2 of 3

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| (If an eff<br><u>Note:</u> | ive date, if other than the date of filing: 101010 9:000 (optional) ective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records. |
|                            | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.   |
| Dated                      | 01/06/23 8:30pm   |
|                            | Jaka a fall   |
|                            | Signature of a member or authorized representative of a member  |
|                            | Jadiona Tacksin   |