

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L21000522685

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : MCFARLAND, GOULD, LYONS, SULLIVAN & HOGAN, P.A.
Account Number : I19990000015
Phone : (727)461-1111
Fax Number : (727)461-6430

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ST. JACKSON LLC

Certificate of Status	0
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Estimated Charge	\$25.00

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2023 JUN 16 PM 2:22

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 JUN 16 PM 12:01

ST. JACKSON LLC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ST. JACKSON LLC

(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 December 13, 2021 and assigned
Florida document number L21000522685

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 "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 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

City, Florida

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>
MGR	TERRYSON JACKSON	5723 WHITE HICKORY CIRCLE	<input type="checkbox"/> Add
		TAMARAC, FL 33319	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
S	VERSAN JOHNSON, MD	2340 WHITE DOGWOOD LOOP	<input checked="" type="checkbox"/> Add
		LUTZ, FL 33549	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
T	JASON O. JOHNSON, MD	2340 WHITE DOGWOOD LOOP	<input checked="" type="checkbox"/> Add
		LUTZ, FL 33549	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

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

June 10 2023

Signature of a member of authorized representative

Signature of a member or authorized representative of a member

SANJIE J. JACKSON, DMD, Manager

Typed or printed name of signee

Filing Fee: \$25.00