## K22CCC159219

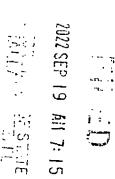
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(Requestor's Name)	
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(Document Number)	
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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:(	Jags Icon Name of Limi	LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Gerry	Name of Person	
	·	Firm/Company	<del></del>
	5418 NI	W Bolin St Address	
	Part Sa	cint Lucie, F City/State and Zip Code	-L 349.86
		1021 (a) YA hoo Cow o be used for furtire annual report noti	
For further information c	oncerning this matter, please ca	dl:	
Name o	I Person	at ( <u>576 i</u> ) <u>909 -</u> Area Code Daytim	- 9/72 e Telephone Number
Enclosed is a check for th	ne following amount:		
芒\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate 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

			on the f	
	egs Ican melof the Limited Liability	Company as it now appear	2022 SEP 19 Ail 7: 15	
12-0	me of the Limited Liability (A Florida L	imited Liability Company)	MILKIN OF STORE	
The Articles of Organization for t	his Limited Liability Cor	mpany were filed on	April 16, 2022 and assigned	
Florida document number <u>L</u> 2	2000 159219		•	
This amendment is submitted to a	mend the following:			
A. If amending name, enter the	new name of the limite	ed liability company he	<u>re</u> :	
Jags	Icons LLC		esignation "LLC" or the abbreviation "L.L.C"	
The new name must be distinguishable	ind contain the words "Limite	ed Liability Company," the de	esignation "L.I.C" or the abbreviation "L.IC"	
Enter new principal offices add	ress, if applicable:			
(Principal office address MUST	BE <u>a STREET ADDRE</u>	<u> </u>		_
			<u> </u>	
Enter new mailing address, if a	pplicable:	<u></u>		
(Mailing address MAY BE A PO	ST OFFICE BOX)			_
				_
B. If amending the registered a agent and/or the new registered		office address on our re	ecords, <u>enter the name of the new reg</u> i	<u>sterec</u>
Name of New Registere	d Agent:			
New Registered Office	Address:	Enter Flori	nda street address	
		is and a live		
	<del></del>	City	, Florida Zup 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>	Name	Address	Type of Action
			[] Add
			□Remove
			□Change
·			DAdd
			□Remove
			□Change
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			□Remove
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			□Change
			□Add
			□Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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lf an effe <u>Note:</u>	ve date, if other than the date of filing:
e record rd is file	I 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 ed.
Dated <sub>-</sub>	
	Signature of a member or authorized representative of a member
	$\wedge$ ·

Filing Fee: \$25.00