L22000217325

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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	Jackrich Consulting & Management LLC				
SUBJECT.		Name of Lim	ited Liability Company		
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		Opubo Jackson Jackreece			
			Name of Person		
		Jackrich Consulting & Ma	nagement LLC		
			Firm/Company		
		9160 Forum Corporate Par	kway Ste#350		
			Address	· · · · · · · · · · · · · · · · · · ·	
		Fort Myers, FL 33905			
			City/State and Zip Code		
		jackrichgroup@gmail.com			
		E-mail address: (to be used for future annual repo	ort notification)	
For further in	nformation c	oncerning this matter, please c	all:		
Opubo Jack	son Jackreeco	9	469 304-66 at ()		
	Name o	f Person	Area Code I	Daytime Telephone Number	
Enclosed is a	a check for th	ne following amount:			
□ \$25.00 I	Filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	iling Addres		Street Addr		
Registration Section Division of Corporations			Registration Section Division of Corporations		
P.O. Box 6327			e of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jackrich Consulting & Management LLC

(A Flo	orida Limited Liability Company)	
The Articles of Organization for this Limited Linkilly	y Company were filed on 10/4/2022 10 355, FI	and assigned
	y Company were filed on	and assigned
Florida document number L22000217325	·	
This amendment is submitted to amend the following	;:	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words "l	Limited Liability Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address her	ered office address on our records, enter the name	of the new registere
agent and of the new registered office address ner	<u>-</u> -	
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 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 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
MGRM	Opubo Jackson Jackreece	5523 Seville Road, Fort Myers FL 33919	
			□Remove
			□Add
			□Remove
			□Change
			□Add
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- Change

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Tectiv	re date, if other than the date of filing:(optional)
an effo ote: I	ctive 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 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.
ecord is file	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 d.
ated /	0/4/22
	Signature of a member or authorized representative of a member
	Opubo Jackson Jackreece



August 30, 2022

OPUBO JACKSON JACKREECE 5523 SEVILLE ROAD FORT MYERS, FL 33919

SUBJECT: JACKRICH CONSULTING & MANAGEMENT LLC

Ref. Number: L22000217325

We have received your document for JACKRICH CONSULTING & MANAGEMENT LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 522A00019277

OCT 17 2022