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## **COVER LETTER**

MATT JAC SUBJECT:	KSON, LLC		
MODIFICAT.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	CHRISTOPHER G. PRIC	E	
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	SARRETT PRICE PA		
	<del></del>	Firm Company	<del> </del>
	999 VANDERBILT BEAG	CH ROAD, SUITE 200	
	<del></del>	Address	<del></del>
	NAPLES, FL 34108		
		City/State and Zip Code	
	CPRICE@SARRETTPRIC		
	h-mail address; (	to be used for future annual report noti	fication)
For further information co	oncerning this matter, please c	all:	
CHRISTOPHER PRICE		239 325-3350 at ()	
Nume of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	e following amount:		
\$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 eached

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

MATT 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 NOVEMBER 2, 2022 and assigned Florida document number 1.22000470820 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: JACKSON SOUTH WESTERN GULF SERVICES, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 , Florida \_

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.

City

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

Title	Name	Address	Type of Action
			FIAdd
			□Remove
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Iffective date, if other than the date of filing:	o 605.0207   e listed as t
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day d is filed.	after the
Dated DECEMBER 9 2022	
Signature of a member or authorized representative of a member	
CHRISTOPHER G. PRICE	_

Filing Fee: \$25.00