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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062

: (323)952-8600

Phone

Fax Number

: (323)389-0502

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

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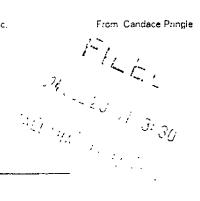
	gistration Se vision of Co			
euparet.	JAG DRAI	FTING CONCEPTS LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ondence concerning this matter	to the following:	
		Mike Town		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
		9900 Spectrum Dr		
			Address	
		Austin, TX 78717		
		····	City/State and Zip Code	
		john@jagdrafting.com		
		E-mail address: (to be used for future annual report noti	fication)
For further i	information c	oncerning this matter, please co	all:	
Mike Town	1		800 773+0888	
	Name o	f Person	at () Area Code Daytim	e Telephoae Number
Enclosed is	a check for th	ne following amount:		
□ \$25.00 i		☐ \$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 crelosed)
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co	on rations

Tallahassee, Fl. 32301

JAG DRAFTING CONCEPTS LLC

Τo

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(Name of the Limited Liability Company as it now appears on our records,)

The Articles of Organization for this Limited Liability Company Florida document number 1.23000323763	were filed on $\frac{07/07/2}{2}$	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the design	nation "ELC" or the abbreviation "E.L.C."		
Enter new principal offices address, if applicable:	9730 VOYLES LOC	OP ROAD		
(Principal office address MUST BE A STREET ADDRESS)	POLK CITY, FL 33868			
Enter new mailing address, if applicable:	9730 VOYLES LOC	OP ROAD		
(Mailing address MAY BE A POST OFFICE BOX)	POUR CITY, FL 33	868		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		r records, enter the name of the ne		
Name of New Registered Agent:				
New Registered Office Address:	Emer Florida s	iree! address		
		Florida		
	City	Lip Code		

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

Title	Name	<u>Address</u>	Type of Action
AMBR	GILLESPIE, JOHN M		□ Add
			☐ Remove
		9730 VOYLES LOOP ROAD POLK CITY, FL 33868	⊞ Change
			□ Add
			☐ Remove
			☐ Change
		<u></u>	Adit_
			☐ Remove
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	d specifies a de Oth day after th			an effective tim	ne, at 12:01 a.m.	on the earlier of	`:
	Jun J	12 M/21	324				