Division of Corporations

1/8/25, 9.28 AM

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC. Account Number : I20010000062

Phone : (323)962-8600 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. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CAPT JACKS L.L.C.

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Help

COVER LETTER

	gistration Sec rision of Corp			
SUBJECT:	CAPT JACK	KS L.L.C.		
SOBJECT.		Name of Limit	ted Liability Company	
The enclosed	d Articles of A	amendment and fee(s) are suba	nitted for filing.	
Please return	all correspon	dence concerning this matter to	o the following:	
		Mike Town		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
		9900 Spectrum Dr		
			Address	<u>.</u>
		Austin, TX 78717		
		jackmekelvey1993@gmail.c	City/State and Zip Code	
			be used for future annual report notifica	tion)
For further in	nformation co	ncerning this matter, please cal	N:	
Mike Town			800 773-0888 at ()	
	Name of	Person	Area Code Daytime To	elephone Number
Enclosed is a	a check for the	following amount:		
□ \$25.00 F	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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAPT JACKS L.L.C.		
(Name of the Limited Liability Comp (A Florida Linuted	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number $\frac{1.24000163114}{1.24000163114}$	ny were filed on 04/05/2024 and assigne	eđ
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ibility company here:	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" or the abbreviation "L.L.C.	ş-
Enter new principal offices address, if applicable:	1014 villa circle, boynton beach, FL 33435	
(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 of registered agent and/or the new registered office address he	office address on our records. enter the name office ere:	
New Registered Office Address:	Enter Florida street address	
	, Florida	
	Cay Zip Code	
New Registered Agent's Signature, if changing Registered Agent		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	te performance of my duties, and I am familiar with an s provided for in Chapter 605, F.S. Or, if this documen	nd

Ta:			Page: 5 of 6	2025-01-08 09:31:20 PST	LegalZoom.com, Inc.	From Akshay Aivel
10.	-	-	rage, Julio	2023-01-08 03:31.20 F31	LegalZoom.com, mc.	LIGHT WOOD LIABI

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	<u>Name</u> JOHN R MCKELVEY III	Address	Type of Action
AMBR	JOHN R MCKELVET III		Add
			Remove
		1014 villa circle, boynton beach, FL 33435	
	1		D Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			Remove
			☐ Change
			D Add
			☐ Remove
			□ Change

	ge: 6 of 6 : other information, e	enter change(s) here: (Attach a	additional sheets, if necessary.)	
D. If afficienting any	other mornation, c	inter enange(s) herer (inner a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
				
			, , , , , , , , , , , , , , , , , , ,	
		<u></u>		
 -		<u></u>		
				
				
		4.50	4 4 9	
E. Effective date, if	other than the date of listed, the date must be sno	of fuling:	(optional) g or more than 90 days after filing.) Pursuant I	o 605,0207 (3)(b)
Note: If the date i	nserted in this block do	es not meet the applicable statutory	y filing requirements, this date will not be	e listed as the
document's effecti	ve date on the Departm	ent of State's records.		
If the record speci	fies a delayed effe	ctive date, but not an effect	live time, at 12:01 a.m. on the ϵ	arlier of:
(b) The 90th day	after the record is	med.		
January S		2025		
Dated	·	2025		
131	JOHN R MCKELV	/ □ T III ure of a member or authorized represer	oralise of a member	_
	Signati	are or a member of numbrized represen	The state of the s	
JOHN	R MCKELVEY III			
		Typed or printed name of sig	71.00	_

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