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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INC AUTHORITY, LLC

Account Number : I20240000004

Phone : (775)329-7721

Fax Number

: (775)376-9207

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

mail	Address:	reallyfree731@gmail.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JACOBS FRAMING FLOORING AND MORE, LLC

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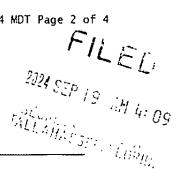
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From Corporate Service Center Inc 1.702.507.9682 Thu Sep 19 12:43:31 2024 MDT Page 2 of 4

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



# JACOBS FRAMING FLOORING AND MORE, 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 Florida document number <u>L24000387978</u>	were filed on <u>09/05/24</u>	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	ity Company," the designation "LLC"	or the abbreviation "L.1.,C."
Enter new principal offices address, if applicable:	2265 Pisgah Rd	
(Principal office address MUST BE A STREET ADDRESS)	Perry, FL 32347	
Enter new mailing address, if applicable:	2265 Pisgah Rd	
(Mailing address MAY BE A POST OFFICE BOX)	Perry, FL 32347	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the
		enter the name of the
registered agent and/or the new registered office address here	g:	
registered agent and/or the new registered office address here  Name of New Registered Agent:	g: Enter Florida street address	

Thereby 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

From Corporate Service Center Inc 1.702.507.9682 Thu Sep 19 12:43:31 2024 MDT Page 3 of 4

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
MGR	Cody Jacobs	2265 Pisgah Rd	□ Add
		Perry, FL 32347	☐ Remove
			☑ Change
			D Add
			□ Remove
			☐ Change
			- PONTO
		<del></del>	Remove ?
			□ Cliange
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	6.
A1/A	
ective date, if other than the date of filing: N/A	(optional) to date of filing or more than 90 days after filing.) Pursuant to 605.020
te: If the date inserted in this block does not meet the applica	ble statutory filing requirements, this date will not be listed as
cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not he 90th day after the record is filed.	t an effective time, at 12:01 a.m. on the earlier o
0/19/7/	
ted <u> </u>	<del></del> ·
	rized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00