

980000003443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

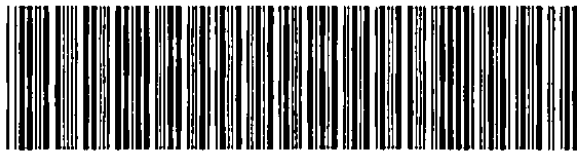
(Business Entity Name)

(Document Number)

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12/20/19--01010--006 **\$5.00

19 DEC 20 PM 3:02

Division of Corporation

JAN 24 2020
CLERK

COVER LETTER

Registration Section
Division of Corporations

Subject: Matthews-Jacobs Investments, L.C., a Florida limited liability company
Name of Limited Liability Company

19 DEC 20 PM 3:02
TALLAHASSEE, FLORIDA

Enclosed Articles of Amendment and fee(s) are submitted for filing.
We return all correspondence concerning this matter to the following:

Kimberly Ann Fernandez, Legal Assistant

Name of Person

Sullivan, Admire & Sullivan, P.A.

Firm/Company

2555 Ponce de Leon Blvd., Suite 320

Address

Coral Gables, FL 33134

City/State and Zip Code

kim.fernandez@sullivanadmire.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberly Ann Fernandez

305 444-6121

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 enclosed)

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**

Matthews-Jacobs Investments, L.C., a Florida limited liability company

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on December 29, 1998 and assigned
a document number 198000003443.

An amendment is submitted to amend the following:

Amending name, enter the new name of the limited liability company here:

Each name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS

new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

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** _____
City *Zip Code*

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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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

19 DEC 20 PM 3:02
CLERK OF SUPERIOR COURT
JACKSONVILLE, FLORIDA

ending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
removed from our records:

= Manager

R = Authorized Member

<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
M. L. Matthews Irrevocable Trust	5262 Mission Hill Drive, Tuscan, AR 85718	<input type="checkbox"/> Add
		<input checked="" type="checkbox"/> Remove
		<input type="checkbox"/> Change
Mary L. Matthews	5262 Mission Hill Drive, Tuscan, AR 85718	<input checked="" type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change

If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Effective date, if other than the date of filing: _____ (optional)

If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

The record 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 document is filed.

Dated December 17, 2019 2019

Mary L. Matthews

Signature of a member or authorized representative of a member

Mary L. Matthews

Typed or printed name of signee

Filing Fee: \$25.00