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COVERLETTER

	egistration Sect ivision of Corpo			
SUBJECT	Γ:	JWB REAL	N LLC ited Liability Company	
The enclos	sed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please retu	ırn all correspond	dence concerning this matter	to the following:	
		ALEXAND	PER SIFAVIS Name of Person	
		JNB REA		
			25 HIGHWAY SUITE	109
		JACKSONVILL ALEX @ JWB(City/State and Zip Code OMPANIES. COM to be used for future annual report notific	256
For further	r information cor	E-mail address: (s		cation)
JAM	IE FENN	VELL_	at (352) 745 - Area Code Daytime	2786
	Name of I	Person	Area Code Daytime	Telephone Number
Enclosed i	s 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JWB REALTY	1, LC	
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L1300092654</u> .	were filed on 6. 27. 13	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 designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		- 5
(Principal office address MUST BE A STREET ADDRESS)		20 20 20
ncipal office address MUST BE A STREET ADDRESS)	2 58E	
		3 (1)
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		6 5 →
	<u> </u>	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code

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.

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
OFFICER	MICHAEL STETSON	7563 PHILIPS HWY	Add
		STE 109	Remove
		JACKSONVILLE & 32256	Change
AMBK	AVEXANDER SIFAKIS	7503 PHILIPS HWY	X Add
		STE 109	□ Remove
		JACKSONVILLE, FL 32256	Change
			Add
			☐ Remove
			Change
	-x		Add
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	if other than the date is listed, the date must be sp	pecific and cannot be prior	to date of filing or more thable statutory filing red	(optional) han 90 days after filing.) Pur quirements, this date will	rsuant to 605.020
If an effective date Note: If the dat	e inserted in this block d ctive date on the Departi			•	not be listed as
(If an effective date Note: If the dat document's effe	ctive date on the Departi	ment of State's records. ective date, but no		e, at 12:01 a.m. on	
(If an effective date Note: If the dat document's effective record spective The 90th date	ctive date on the Departs	ment of State's records. ective date, but no is filed.	t an effective time		
If an effective date Note: If the dat document's effe he record spe The 90th da	ctive date on the Departs	ment of State's records. ective date, but no	t an effective time		the earlier o
(If an effective date Note: If the dat document's effe	cifies a delayed efforty after the record in	ment of State's records. ective date, but no is filed.	et an effective time	e, at 12:01 a.m. on	the earlier o
(If an effective date Note: If the dat document's effe the record spe The 90th da	cifies a delayed efforty after the record in	ment of State's records. ective date, but notice is filed. 7017 ature of a member or authorized.	et an effective time	e, at 12:01 a.m. on	the earlier o

Page 3 of 3

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