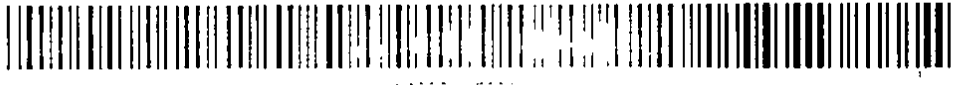


L15000109753

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((1170002053393))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will cause the cover sheet to be lost.

To: Division of Corporations
Fax Number : (904) 117-0333

From: Account Name : TASHAALAWNS LLC
Account Number : 1170190001
Phone : (904) 271-3106
Fax Number : (904) 771-3106

Entirely optional. This information is to be used for future annual report filings. If you have a new address please.

Email Address: _____

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2017 AUG -4 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
JON SNOW LLC

Certificate of Status	0
Certified Copy	0
Public Count	03
Penalized Charge	\$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 AUG -4 AM 10:53

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Electronic Filing Manual Home Help

S. WARREN
AUG 07 2017

11700-00000003

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION

JON SNOW LLC

(Name of the Limited Liability Company as shown on the original Articles of Organization)

The Articles of Organization for this Limited Liability Company, filed on 08/15/11 and assigned Florida document number L1500010-3

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company below:

The new name must be distinguishable and include the words "limited liability company" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

Enter new mailing address, if applicable:

B. If amending the registered agent and/or principal office address, enter the name of the new registered agent and the principal office address below:

Name of New Registered Agent

New Registered Office Address

Florida Zip Code

New Registered Agent's Signature (Check one)

I hereby accept the appointment as registered agent and I accept the obligations of my position as registered agent. I am familiar with and I agree to comply with the provisions of all statutes relating to registered agents and I am familiar with and I agree to comply with the provisions of all statutes relating to registered agents. I am familiar with and I agree to comply with the provisions of all statutes relating to registered agents.

I hereby agree to comply with the provisions of all statutes relating to registered agents and I am familiar with and I agree to comply with the provisions of all statutes relating to registered agents.

Signature of New Registered Agent

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TALLAHASSEE, FLORIDA
STATE
SECRETARY

11700-00000003

If amending the Managers or Authorized Member on the attached form, list the name and address of each Manager or Authorized Member being added or removed from the LLC:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	VAZQUEZ, INTS	11111 WINDY DR STE 105	<input checked="" type="checkbox"/> Add
		DRIVE WINDY DR STE 105	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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700 39

D. If amending any other information, enter changes (set forth in detail, if necessary)

E. Effective date, if other than the date of filing: (The effective date must be specific, such as the date this document is filed by the clerk)

Dated August 2nd

INES MAZORE

2011
[Signature]

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