102000019118

(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jacobs Landing II, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Keith C. Durkin

Name of Person

Broad and Cassel

Firm/Company

390 North Orange Avenue, Suite 1400

Address

Orlando, Florida 32801

City/State and Zip Code

sleoni@leoniproperties.com

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

For further information concerning this matter, please call:

Keith C. Durkin

at (407) 839-4289

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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jacobs Landing II, LLC		
(Name of the Limited Liability ((A Florida Li	Company as it now appears on our recomited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Co		and assigned
Florida document number L02000019118	 •	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and end with the word "L.L.C."	ls "Limited Liability Company," the desig	ination "LLC" or the abbreviation
Enter new principal offices address, if applicable:		2013 TAU
(Principal office address MUST BE A STREET ADDRI	ESS)	AH CI
		500
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registe	ered office address on our records	, enter the name of the nev
registered agent and/or the new registered office addr	ess here:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	treet address
	City	orida 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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name		Type of Action
MGRM	Jennifer Pearce	416 North Adams Street	Add
		Tallahassee, Florida 32301	Remove
MGR	Jennifer Pearce	416 North Adams Street	_ _ ✓ Add
		Tallahassee, Florida 32301	Remove
		ALL ALASS	
			Remove
			Add Remove
			_ Add
			Remove
			Add
			Remove

. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
ated _Sc	ptember 24, 2013.
	$\mathcal{L}_{\mathcal{A}}$
	Signature of a member or authorized representative of a member
(Jennifer Pelarce
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00

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