## 103000029808

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EXAMINER

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## **COVER LETTER**

Division of Co	rporations · '			
SUBJECT: JACKS	ON BLUFF PROPE	RTIES, LLC		
	/ (Name of Limi	ted Liability Company)	···· ··· · · · · · · · · · · · · · · ·	
The enclosed Articles of	`Amendment and fee(s) are sub	mitted for filing.	00 EL T	
Please return all correspo	ondence concerning this matter	to the following:	OS MIS 18 M 9: 02	
	SHERRI BEEMAN		الم المالية	
		(Name of Person)	Option 0	
	SMITH THOMPSON SHA	AW AND MANAUSA		
		(Firm/Company)	Ķv.	
	3520 THOMASVILLE ROAD 4TH FLOOR			
		(Address)		
	TALLAHASSEE, FL 3230			
		(City/State and Zip Code)		
For further information of	concerning this matter, please c	all:		
SHERRI BEEMAN		at (_850) 893-4105		
(Name	of Person)	(Area Code & Daytime T	elephone Number)	
Enclosed is a check for t	he 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)	

TO:

Registration Section

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

OBNIG 18 M 9: 05

JACKSON BLUFF PROPERTIES, 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 Co	mpany were filed on 08/12/2003	and assigned	
Florida document number L03000029808	-		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
The new name must be distinguishable and end with the word "L.L.C."	ls "Limited Liability Company," the design	nation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE		•	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registe registered agent and/or the new registered office address.	ered office address on our records,	enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	(0		
	(Enter Florida street address)		
	, Flo		
	(City)	(Zip Code)	
Now Desistand Agent's Signature if changing Desistand	Agont		

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	JOSH KASPER	PO BOX 20438 TALLAHASSEE, FL 32316	Add Remove
MGRM_	FSULEASING.COM, LLC	1311 JACKSON BLUFF ROAD TALLAHASSEE, FL 32304	Add Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.)	) 
			<del></del>
		.1	<del></del>
Dated	Signature of a me	ent er or authorized representative of a member	
	T	y bed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00