103000 39631

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COVER LETTER

TO; Registration Section Division of Corporations
SUBJECT: Juling ton Creek Pier 3 Properties, LL.C. 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:
Mary Gamble Hughes Name of Person
Julington Creek Pier 3 Properties LLC Firm/Company
P.O. Box 600885
Jackson ville FL 32260 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mary Gamble Hughes at (904) 704-5285 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S25.00 Filin

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

Julington Creek Pier #3 (Name of the Limited Limited Limited) (A Florida Limited)	Properties LLC pany as It now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	y were filed on <u>2-21-2018</u>	_and assign	ied
Florida document number $\angle 0300039631$.			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the abbrev	fiation "L.L.C	∵ = 7.0
Enter new principal offices address, if applicable:			150 103 103 103 103 103 103 103 103 103 10
(Principal office address MUST BE A STREET ADDRESS)			<u>골</u> 쮸_
		2	SS A
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Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		یع	
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B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		name of	the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	enter r tortaa street aaaress		
	, Florida	Zip Code	
	- (A)	AU COUL	

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
MGR	Gamble, Beatrice A.	P.O. Box 600885 Jacksonville, FL 32260	D Add
		Jacksonville, FL 32260	Remove
			Change
			D Add
			☐ Remove
			Change
			🗆 Add
			D Change
			_□ Add
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			Change
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ive date, if other than the date of filing:	(optional)
If the date inserted in this block does not meet the applicable statutory filing requ	tirements, this date will not be listed
ent's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effective time, 90th day after the record is filed.	at 12:01 a.m. on the earlie
Sour day after the record is filed.	
101	
2-21- 2018.	
Signature of a greenber or authorized bepresentative of a m	

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Filing Fee: \$25.00