

L05000104414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

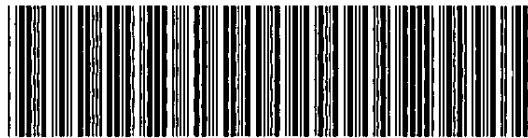
Special Instructions to Filing Officer:

A. LUNT

MAY 27 2008

EXAMINER

Office Use Only



200130062992

05/22/08--01038--023 **25.00

2008 MAY 22 A 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

BRENNAN, MANNA & DIAMOND

ATTORNEYS & COUNSELORS AT LAW

Shannan L. Mullenix
Phone: (330) 253 - 5060 ext. 159
Fax: (330) 253 - 1977
slmullenix@bmdllc.com

VIA FEDEX OVER NIGHT DELIVERY

May 21, 2008

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

RE: Jax Adams Office, LLC

Dear Sir or Madam:

Enclosed please find the Articles of Amendment for the above-referenced entity, along with a check in the amount of \$25.00 for the filing fee. Please file the same and return any receipts and/or certificates to me.

Thank you for your time and attention to this matter. Please feel free to contact me with any questions you may have.

Very truly yours,

Shannan L. Mullenix

Shannan L. Mullenix
Paralegal

2008 MAY-22 A 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Jax Adams Office, 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:

Shannan L. Mullenix

(Name of Person)

Brennan, Manna & Diamond, LLC Law Firm

(Firm/Company)

75 East Market Street

(Address)

Akron, Ohio 44308

(City/State and Zip Code)

FILED
2009 MAY 22 A 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Shannan L. Mullenix

(Name of Person)

at (330) 253-5060 ext. 159

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Jax Adams Office, 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 Company were filed on 10/24/2005 and assigned
Florida document number L05000104414.

This amendment is submitted to amend the following:

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

Jax West Monroe, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

76 South Laura Street

Suite 2110

Jacksonville, FL 32202

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

76 South Laura Street

Suite 2110

Jacksonville, FL 32202

FILED
2009 MAY 22 A 10 49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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 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

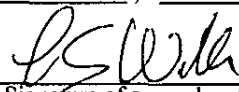
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jax Adams Management, LLC	76 South Laura Street Suite 2110 Jacksonville, FL 32202	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Jax West Monroe Management, LLC	76 South Laura Street Suite 2110 Jacksonville, FL 32202	<input checked="" 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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

2008 MAY 22 A 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Dated May 21, 2008



Signature of a member or authorized representative of a member

Lee S. Walko

Typed or printed name of signee