

03/23/2012

15:05 Driver, Mcafee, Peek Hawthorne

(904) 301-1279

P.001/004

DIVISION OF CORPORATIONS

1400 1 01 1

L06000020924

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.

(((H12000077248 3)))



H120000772483ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : DRIVER, MCAFEE, PEEK & HAWTHORNE, P.L.
Account Number : I20020000137
Phone : (904) 301-1269
Fax Number : (904) 301-1279

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: jll@northfloridalaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GROUP IV JAXPORT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED

12 MAR 23 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 MAR 23 AM 8:09

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

H12000077248 3

COVER LETTER**TO:** Registration Section
Division of Corporations**SUBJECT:** Group IV Jaxport, 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:

Jeannette Ladhler

Name of Person

Driver, McAfee, Peek & Hawthorne, P.L.

Firm/Company

One Independent Drive, Suite 1200

Address

Jacksonville, FL 32202

City/State and Zip Code

jl@northfloridalaw.com

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

For further information concerning this matter, please call:

Jeannette Ladhler

Name of Person

at (904)807-8201

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

H12000077248 3

H12000077248 3

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Group IV Jaxport, 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 2/24/2006 and assigned
Florida document number L06000020924.

This amendment is submitted to amend the following:

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

Port Jax 400, 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

H12000077248 3

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR 23 AM 8:09

H12000077248 3

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>
_____	_____	_____	<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
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated March 21st, 2012


 Signature of a member or authorized representative of a member

William T. Spinner

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 12 MAR 23 AM 8:09

H12000077248 3