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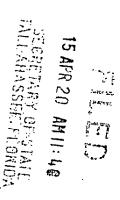
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 12th Ave. S Partners, LLC  Name of Limited Liability Company
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:
Mr. & Didiana
Alan E. Dickinson  Name of Person
Dickinson Commercial Real Estate Services Firm/Company
PO Box 3377
Address
Ponte Vedra Beach, FL. 32004 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alan Dickinson at (904) 993-2222  Name of Person at (904) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\text{Certificate of Status}\$ \$\text{Certified Copy}\$ (additional copy is enclosed) \$\text{\$\text{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

12th Ave. S Par	tners, LCC	
(Name of the Limited) (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab		and assigned
Florida document number <u>L07000469</u>	<u>44</u> .	
This amendment is submitted to amend the follow	ring:	
If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and end with the wo	rds "Limited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
	<del>- , ,</del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
		$\geq_{cc}$
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, ente	r the name of the new
	** ***********************************	APR
Name of New Registered Agent:		SS 20
New Registered Office Address:	Enter Florida street address	
		\$ <b>5 5</b>
	, Florida,	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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Title Address Type of Action Name 416 S 3rd street - Add SECIMARM Jeff Klotz Jacksonville Beach, Fl 3220 KRemove Paul Peterson 949 12th Ave S DAdd Jacksonville Beach, PL 32250 X Remove \_\_\_\_ Add ☐ Remove □ Remove ☐ Add ☐ Remove

. Jeff Klotz and Paul Peters.	n one no	longer	member	s of this
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ne effective date must be specific, cannot be prior to date	of receipt or filed d	late and canno	t be more than 9	(optional) 0 days after
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