

L070000121302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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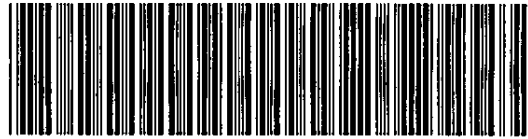
(Business Entity Name)

(Document Number)

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15 MAR -2 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 16 2015

T. BROWN

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Mayport Partners 3, 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:

Erin Peters / Jeff Klotz  
Name of Person

The Klotz Group of Companies  
Firm/Company

645 Mayport Rd St. 5  
Address

Atlantic Beach, FL 32233  
City/State and Zip Code

JKlotz@amvestar.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erin Peters at (904) 247-5334 ext 309  
Name of Person 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

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

Mayport Partners 3, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
15 MAR -2 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/05/2007 and assigned Florida document number LD7000121302.

This amendment is submitted to amend the following:

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

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)

645 Mayport Rd. St. 5  
Atlantic Beach, FL 32233

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

645 Mayport Rd. St. 5  
Atlantic Beach FL 32233

**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:

JEFF D. KLOTZ

New Registered Office Address:

645 Mayport Rd. St. 5

Enter Florida street address

Atlantic Beach

City

Florida

32233

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.*

Jeff Klotz  
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Mgmn	Alan Dickinson	2305 Sawgrass Village, PR.	<input type="checkbox"/> Add
		Ponte Vedra Beach, FL 32082	<input checked="" type="checkbox"/> Remove
other	William Collins	P.O. Box 3377	<input type="checkbox"/> Add
		Ponte Vedra Beach, FL 32004	<input checked="" type="checkbox"/> Remove
Mgr	JEFF Klotz	645 Mayport Rd. St 5	<input checked="" type="checkbox"/> Add
		Atlantic Beach, FL 32233	<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.)*

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February 24 2015

\_\_\_\_\_  
Signature of a member or authorized representative of member

JEFF D. KLOTZ  
Typed or printed name of signee