L08000058313

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SECRETARY OF STATE ON THE STATE OF CORPORATIONS

COVER LETTER

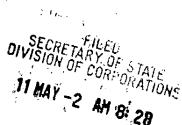
Registration Section

TO:

Division of C	orporations					
SUBJECT:	JAX B	ONOS, L.L.C.				
30B3ECT		ted Liability Company				
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.				
Please return all corres	pondence concerning this matter	to the following:				
	1	Malinea Maren				
	Melissa Myers Name of Person					
		JAX BONOS, L.L.C.				
		Firm/Company				
	10175 F	10175 Fortune Parkway, Suite 1005				
	1:	acksonville, FL 32256				
		City/State and Zip Code				
•	Si E-mail address: (devco@bellsouth.net to be used for future annual report	notification)			
For further information	concerning this matter, please of	eall:				
	Melissa Myers	at (_904_)	519-9545			
Name	e of Person	Area Code & Da	aytime 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 encl	\$60.00 Filing Fee, Certificate of Sta Certified Copy (additional copy			
Regis Divis	LING ADDRESS: stration Section sion of Corporations	STREET/CO Registration S Division of Co Clifton Buildi	orporations			
	Box 6327 hassee, FL 32314		ve Center Circle			

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



JA	X BONOS, L.L.C		28
(Name of the Limited Liab (A Flor	ility Company as it now appea da Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liabili	ty Company were filed on	06/12/08	and assigned
Florida document number L08000058313	<u>. </u>		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company her	<u>re</u> :	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compa	any," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AL	ODRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX			·············
			the wave of the new
B. If amending the registered agent and/or re registered agent and/or the new registered office a		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Er	iter Florida street add	dress
_		, 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 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>	Address	Type of Action
PASAT	Gary D. Silverfield	10175 Fortune Parkway, Suite 1005 Jacksonville, FL 32256	✓ Add Remove
VPAT	James A. Cranford	10175 Fortune Parkway, Suite 1005 Jacksonville, FL 32256	Add Remove
VPS	Helen Breeding	10175 Fortune Parkway, Suite 1005 Jacksonville, FL 32256	Add Remove
VPT	Leed Silverfield	10175 Fortune Parkway, Suite 1005 Jacksonville, FL 32256	Add Remove .
VPASĄ.	Farley Grainger	10175 Fortune Parkway, Suite 1005 Jacksonville, FL 32256	_☑Add □Remove
D. If amendi	ng any other information, enter change(s	here: (Attach additional sheets, if necessary.) Phyllipse and the sheets are the sheet are	SECRETARY OF STATE SECRETARY OF STATE OIVISION OF CORPORATIONS OF CORPORATIONS
- -	Signature of a member or HELEN BY	, 11	

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Filing Fee: \$25.00