

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: STONEBURNER BERRY & SIMMONS, P.A.

Account Number : I20010000084

: (904)393-9000

Phone Fax Number

: (904)396-9001

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

JAXVILLE-EASTPORT, LLC

Certificate of Status	0
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Estimated Charge	\$25.00

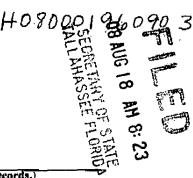
Electronic Filing Menu

Corporate Filing Menu

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8/18/2008 AUC-18-2008 MON 10:07 AM STONEBURNER BERRY

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



JAXVILLE-EA!	
(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appears on our records.)
(A Florida Limited L	iability Company)
The Articles of Organization for this Limited Liability Company	were filed on August 8, 2008 and assigned
Florida document number <u>L08000076198</u>	
	•
This amendment is submitted to amend the following:	•
this amendment is submitted to unfelled the tollowing.	
A. If amending name, enter the new name of the limited liable	lity company bere:
At 11 amending name, enter the new manie of the minted name	they company nerv
	·
The new name must be distinguishable and end with the words "Limit	ted Liability Company," the designation "LLC" or the abbreviation
"L.L.C."	
	and a little bit
Enter new principal offices address, if applicable:	3701 Coastal View Drive
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, Florida 32250
(A THEOLOGY OF THE STATE OF THE	
Fater very and line address if applicables	P.O. Box 350633
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	Jacksonville, Florida 32235
	No. of the many of the many
	fice 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:	
Mark to New Registrates Agent.	
Now Registered Office Address:	
	(Enter Florida street address)
	•
	, Florida

New Registered Agent's Signature, If changing Registered Agenti

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.

(City)

(If Changing Registered Agent, Signature of New Registered Agent)

Page 1 of 2

(Zip Code)

If amending the Managers or Managing Members on our records, gater the title, name, and address of each Manager or Managing Member being added or removed from our records:

	Name	Address	Type of Action
	Anthony Rhodes	22 Sand Dollar. Isle of Palms SC 29451.	Add Remove
	Ned Jervey	22 Sand Dollar. Isle of Palins, SC 29451	Add Remove
	Barry Khosrowzadeh	3701 Coastal View Orive Jacksonville Florida32250	Add Remove
			Add Remove
			Add Remove
	<u> </u>		Add Remove
amen	iding any other information, enter o	change(s) here: (Attach additional sheets, if ne	cessary.)
_			SECRETAR SECRETAR
	August 15	3000	AM 8: 23
	~# I	Typed of printed name of signee	<u> </u>

Page 2 of 2 Filing Fee: \$25.00

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MGR = Manager