

LD8000076198Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : STONEBURNER BERRY & SIMMONS, P.A.
Account Number : I20010000084
Phone : (904) 393-9000
Fax Number : (904) 396-9001RECEIVED
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JAXVILLE-EASTPORT, LLC

Certificate of Status	0
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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

JAXVILLE-EASTPORT, LLC

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

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The Articles of Organization for this Limited Liability Company were filed on August 8, 2008 and assigned
Florida document number: L08000076198

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: 3701 Coastal View Drive
(Principal office address **MUST BE A STREET ADDRESS**) Jacksonville, Florida 32250

Enter new mailing address, if applicable: P.O. Box 350633
(Mailing address **MAY BE A POST OFFICE BOX**) Jacksonville, Florida 32235

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: _____

Now 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)

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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

Title	Name	Address	Type of Action
MGR	Anthony Rhodes	22 Sand Dollar Isle of Palms SC 29451	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Ned Jervey	22 Sand Dollar Isle of Palms SC 29451	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Barry Khosrowzadeh	3701 Coastal View Drive Jacksonville Florida 32250	<input checked="" 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 August 15, 2008

Signature of a member or authorized representative of a member

Barry Khosrowzadeh
Typed or printed name of signee

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