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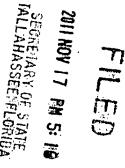
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COVER LETTER

Registration Section

TO:

Division of C	Corporations		
SUBJECT:	The Law Offices o	f Kenneth A. Jenkins, LLC	·
	Name of Lim	ited Liability Company	 ,
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	spondence concerning this matte	r to the following:	
	 	Kenneth A. Jenkins Name of Person	
		Name of Person	
		The Jenkins Law Firm	<u></u>
		Firm/Company	
	841 F	Prudential Drive, 12th Floor	A. S
		Address	
	,	acksonville, FL 32207	SECRETARY ALLAHASSE
		City/State and Zip Code	ARY (
	. ka	ijenkins@bellsouth.net	4 · · · · · · · · · · · · · · · · · · ·
	E-mail address: (to be used for future annual report notification	FSTATE STATE
For further information	n concerning this matter, please	call:	
Ker	nneth A. Jenkins	at (904) 304	1-4513
	e of Person	Area Code & Daytime Tel	<u> </u>
Enclosed is a check for	r 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)
Regi Divi: .· P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 thassee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Law Offices of Ke	<u>nneth A. Jenkin</u>	s, LLC	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears o Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Company	y were filed on	10-02-08	and assigned
Florida document numberL08000093396			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The Jenkins La	 		
The new name must be distinguishable and end with the words "Lim"L.L.C."	nited Liability Company,	" the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	841 Prudential I	Orive .	
(Principal office address MUST BE A STREET ADDRESS)	12th Floor		
	Jacksonville, FL	32207	
			AAC S
Enter new mailing address, if applicable:	841 Prudential [Orive	SS T
(Mailing address MAY BE A POST OFFICE BOX)	12th Floor		TO TO
	Jacksonville, FL	. 32207	S un
		· · ·	RATE
B. If amending the registered agent and/or registered o		records, enter	the name of the ne
registered agent and/or the new registered office address her	<u>re</u> :		
Name of New Registered Agent:			
New Registered Office Address: 841 Pruder	ntial Drive, 12th Flo	or	
THE REGISTER STREET FRANCES.	 	Florida street aa	ldress
J	lacksonville	, Florida	32207
	City	, 1 101 tua _	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

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> **Type of Action Address** ☐ Add Remove ☐ Add Remove ☐ Add ☐ Remove ¬Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00

Kenneth A. Jenkins
Typed or printed name of signee