108000101624

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP ☐ WAIT MAIL (Business Entity Name) (Document Number) Certified Copies _ Certificates of Status Special Instructions to Filing Officer:





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B. BOSTICK
AUG - 8 2012

EXAMINER

COVER LETTER

	tion Section of Corporations	
SUBJECT:	ESPENSHIP & SCHLAX LLC	
	Name of Limited Liability Company	
	cles of Amendment and fee(s) are submitted for filing. orrespondence concerning this matter to the following:	
	JENNIFER K. ESPENSHIP	
	Name of Person	
	Firm/Company	
	Address	
	JACKSONVILLE, FL 32202 City/State and Zip Code	∑ 0. →
	2 AUG	
	sherri@espenshipschlax.com E-mail address: (to be used for future annual report notification)	12 AUG -6
For further informa	ation concerning this matter, please call:	
	SEAN ESPENSHIP at (904) 5916790	PMI2: 00
1	Name of Person Area Code & Daytime Telephone Number	112: 00
Enclosed is a check	ck for the following amount:	
\$25.00 Filing F	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certificate	e of Status &
F F	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

	& SCHLAX LLC			
(Name of the Limited Liability Com (A Florida Limited	pany as it now appear d Liability Company)	s on our records.		
The Articles of Organization for this Limited Liability Compa	ny were filed on	10/29/2008	and assi	gned
Florida document numberL08000101624		,		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company her	<u>e</u> :		
ESPENSHIP, SCH	ILAX & ALBEE LL	.C		
The new name must be distinguishable and end with the words "Li" "L.L.C."	imited Liability Compa	ny," the designation "I	LLC" or the al	breviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>	
			> <u> </u>	make ee
			ASS.	eruser grane
Enter new mailing address, if applicable:			SET O	Section.
(Mailing address MAY BE A POST OFFICE BOX)				(
			108 108 108 108 108 108 108 108 108 108	
			D. A.	_
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		ur records, <u>enter (</u>	the name of	the new
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·			·
New Registered Office Address:				
	En	ter Florida street add	lress	
	, 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

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 Type of Action Title <u>Name</u> **Address MGRM SEAN A. ESPENSHIP** 1619 6TH STREET SOUTH ✓ Add Remove JACKSONVILLE BEACH, FL 32250. MGRM STEPHEN F. ALBEE ✓ Add 1139 N. LAURA STREET JACKSONVILLE, FL 32206 Remove ☐ Add Remove ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary: Dated WENNIFER K. ESPENSHIP Typed or printed name of signee

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Filing Fee: \$25.00