109000043893

(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:				

Office Use Only



400202271264

04/21/11--01010--016 **25.00



D. BRUCE
APR 2 2 2011
EXAMINER

COVER LETTER

TO: Registration 8 Division of C				
SUBJECT:	US FINANCIAL INVE Name of Lim	ESTMENT PARTN ited Liability Company	ERS, LLC	
	of Amendment and fee(s) are su	•		
		OHN F. WATSON JF	8	
		Firm/Company		
205 SOUTH		OCEAN GRAND DRIV	VE UNIT 102	
		E VEDRA, FLORIDA City/State and Zip Code SONJR@NORTHLAK		11 APR 21
	E-mail address: (to be used for future annual rep	ort notification)	21
For further information	concerning this matter, please of	call:		PHIZE OF OF STATE EE. FLORID
	J F. WATSON JR of Person	at (517) Area Code &	376-2072 Daytime Telephone Number	7.
Enclosed is a check for \$25.00 Filing Fee	the following amount: \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	nclosed) Certified	te of Status &
MAIL	LING ADDRESS:	STREET/C	COURIER ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

US Financial Invest (Name of the Limited Liability Compa (A Florida Limited	ment Partners, LLC any as it now appears on our record Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number	y were filed on05/06/200	9 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	oility company here:	
Jabez Capital H	loldings, LLC	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designat	ion "LLC" or the abbreviation
Enter new principal offices address, if applicable:	1637 Racetrack Road	Pu 🛨
(Principal office address MUST BE A STREET ADDRESS)	Suite116	\$ = m
	St. Johns, FL 32259	70 70 PM
Enter new mailing address, if applicable:	1637 Racetrack Road	SEE. T
(Mailing address MAY BE A POST OFFICE BOX)	Suite 116	
	St. Johns, FL 32259	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	Enter Florida street	t address
	, Florid City	a Zip Code
	ony	Lip Coue

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 = Ma MGRM = I	nnager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	John F Watson Jr	205 South Ocean Grand Drive Unit 102 Ponte Vedra Florida, 32082	✓ Add ☐ Remove
MGR	J. Bert Watson Sr	1699 Bishop Estates rd St. Johns Florida, 32259	Add Remove
MGR_	Daniel C. Vaughn	542 2nd Ave. Suite 500 Seattle Washington	Add Remove
MGRM	Florida Technology, Inc	205 south ocean grand drive Unit 102 ponte vedra Florida, 32082	Add ✓ Remove
MGRM_	NorthLake Capital Partners	205 south Ocean Grand Drive Unit 102 ponte Vedra Florida, 32082	Add Remove
D. If amend	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar	Add Remove
		(1) 100 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
			PR 21 PM PR 00
Dated	4-19-11 Joh Fl	Who I	ZR OO
	John F.	or authorized representative of a member Watson Jr or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00