L09000051733

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAiL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

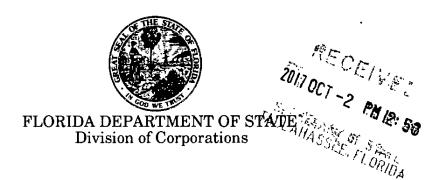
TO:	Registration Se Division of Cor			
CUDIE	JAG XII LI	.c		
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Randi Walz		
			Name of Person	
		Fafinski, Mark & Johnson	, P.A.	
Firm/Company				
775 Prairie Center Drive, Suite #400				
Address				
		Eden Prairie, MN 55344		
City/State and Zip Code				
randi.walz@fmjlaw.com				
		E-mail address: (to be used for future annual report notif	ication)
For furt	her information co	oncerning this matter, please ca	all:	
Randi V			952 995-9500 at ()	
	Name of	Person	Area Code Daytime	: Telephone Number
Enclose	d is a check for th	e 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)

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



September 15, 2017

RANDI WALZ FAFINSKI, MARK & JOHNSON, PA 775 PRAIRIE CENTER DRIVE, SUITE 400 EDEN PRAIRIE, MN 55344

SUBJECT: JAG XII LLC

Ref. Number: L09000051733

We have received your document for JAG XII LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 717A00018866

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JAG XII LLC			
(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	_
The Articles of Organization for this Limited I	Liability Company were filed on Mar	/ 28, 2009 aı	nd assigned
Florida document number L090000051733	·		
This amendment is submitted to amend the fol	lowing:		,
A. If amending name, enter the new name of	of the limited liability company her	<u>'e</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the de-	signation "LLC" or the abbreviat	ion "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
		, γε. ο φ. ο	
Enter new mailing address, if applicable:			7 00
(Mailing address MAY BE A POST OFFICE BOX)		شعف و الكاه عام بر م	N
		The east	_~: * 1 1
		بر. بريان	75 (1)
B. If amending the registered agent and registered agent and/or the new registered of	or registered office address on	our records, enter the n	amo of the ne
registered agent and/or the new registered to	ince address nere.		
Name of New Registered Agent:			
New Registered Office Address:	401 East Olas Boulevard Suite 170	0	
	Enter Florid	la street address	
	Fort Lauderdale	, Florida 33301	
	City		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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>`itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
MAR	John Evans		Add
			□ Remove
			☐ Change
MBR	Brian Ruben Pedersen	401 East Las Olas Boulevard	3 Add
		Suite 1700	□ Remove
		Fort Lauderdale, Florida 33301	□ Change
NOUR	Alan Stanford	401 East Las Olas Boulevard	
		Fort Lauderdale, Florida 33301	□ Remove
			☐ Change
			
			□ Remove
			□ Change
			□ Add
			Change
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			□ Remove
			☐ Change

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fective date, if other than the da	te of filing:		(optional)	
00 1 1 1 1 1 1	does not meet the applicable sta	of filing or more than 90 day atutory filing requiremen	ys after filing.) Pursuant to ts, this date will not be	o 605.0207 e listed as
an effective date is listed, the date must be ote: If the date inserted in this block				
an effective date is listed, the date must be ote: If the date inserted in this block	rtment of State's records.			
un effective date is listed, the date must be pte: If the date inserted in this block icument's effective date on the Depa e record specifies a delayed e	ffective date, but not an ϵ	effective time, at 12	:01 a.m. on the e	arlier o
an effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Department's effective date on the Department specifies a delayed effective date on the The 90th day after the record	ffective date, but not an e d is filed.	effective time, at 12	:01 a.m. on the e	arlier o
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Filing Fee: \$25.00