

La9000056586

(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



700250940317

08/23/13--01010--006 **75.00

RECEIVED
13 AUG 23 AM 10:36
DIVISION OF CORPORATIONS

FILED
2013 AUG 23 AM 10:56
CLERK OF COURT
TALLAHASSEE, FLORIDA

B. BOSTICK

AUG 26 2013

EXAMINER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Jacksonville Facilitation, LLC

Signature _____

Requested by: Seth

08/22/13

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

_____ Art of Inc. File _____
_____ LTD Partnership File _____
_____ Foreign Corp. File _____
_____ L.C. File _____
_____ Fictitious Name File _____
_____ Trade/Service Mark _____
_____ Merger File _____
_____ Art. of Amend. File _____
_____ RA Resignation _____
_____ Dissolution / Withdrawal _____
_____ Annual Report / Reinstatement _____
_____ Cert. Copy _____
_____ Photo Copy _____
_____ Certificate of Good Standing _____
_____ Certificate of Status _____
_____ Certificate of Fictitious Name _____
_____ Corp Record Search _____
_____ Officer Search _____
_____ Fictitious Search _____
_____ Fictitious Owner Search _____
_____ Vehicle Search _____
_____ Driving Record _____
_____ UCC 1 or 3 File _____
_____ UCC 11 Search _____
_____ UCC 11 Retrieval _____
_____ Courier _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 AUG 23 AM 10:56

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jacksonville Facilitation, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stevan Pardo

Name of Person

Pardo & Gainsburg, LLP

Firm/Company

5801 Collin Avenue Unit 1500

Address

Miami Beach, FL 33140

City/State and Zip Code

pardostevan@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stevan Pardo

Name of Person

at (305) 775-2536

Area Code & Daytime Telephone Number

Enclosed is a check for 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)

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

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2013 AUG 23 AM 10:56

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Jacksonville Facilitation, LLC

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

The Articles of Organization for this Limited Liability Company were filed on June 11, 2009 and assigned
Florida document number L09000056586

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Sherrie Gibson

New Registered Office Address:

510 Lane Avenue South

Enter Florida street address

Jacksonville

Florida

32254

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.

Sherrie Gibson
If Changing Registered Agent, Signature of New Registered Agent

2013 AUG 23 AM 10:56
TALLAHASSEE FL
SECRETARY OF STATE

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>	<u>Address</u>	<u>Type of Action</u>
MGR	RIVERWALK SGB MANAGEMENT, INC.	510 Lane Avenue South	<input type="checkbox"/> Add
		Jacksonville, FL 32254	<input checked="" type="checkbox"/> Remove
MGR	FSE INVESTMENTS, INC.	8500 SW 8TH STREET, #228	<input type="checkbox"/> Add
		MIAMI, FL 33144	<input checked="" type="checkbox"/> Remove
MGR	Sherrie Gibson	510 Lane Avenue South	<input checked="" type="checkbox"/> Add
		Jacksonville, Florida 32254-3532	<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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 AUG 23 AM 10:56

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated August 21, 2013



Signature of a member or authorized representative of a member

Stevan Pardo, its Attorney

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 AUG 23 AM 10:56
SECRETARY OF
TALLAHASSEE, FLORIDA