209000063871

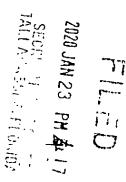
| | (Requestor's Name) | |
|---|--------------------------|------|
| | (Address) | |
| | (Address) | |
| | (City/State/Zip/Phone #) | |
| PICK-UF | P WAIT | MAIL |
| | (Business Entity Name) | - |
| (Document Number) | | |
| Certified Copies | Certificates of Sta | atus |
| Special Instructions to Filing Officer: | | |
| | | |
| | | : |
| | | |
| | | |





700339558927

01/23/20--01009--019 ++25.00



Y SULKER FEB 1 8 2020

COVER LETTER

TO: Registration Section

| Division of Co | orporations | | |
|--|--|--|---|
| Dawson, C | Orr, Cook, Fix and Stewart, PL | LC | • |
| SUBJECT: | Name of Li | nited Liability Company | |
| | | | |
| The enclosed Articles o | f Amendment and fee(s) are su | bmitted for filing. | |
| Please return all corresp | ondence concerning this matte | r to the following: | |
| | Kevin B. Cook | | |
| | | Name of Person | |
| | Dawson, Orr, Cook, Fix a | nd Stewart, PLLC | |
| | | Firm/Company | |
| | 818 ATA North, Suite 302 | 2 | |
| | | Address | |
| | Ponte Vedra Beach, FL 3 | 2202 | |
| | | City/State and Zip Code | |
| | kcook@orreook.com | | |
| | | to be used for future annual report no | tification) |
| For further information of | concerning this matter, please o | rall: | |
| Kevin B. Cook | | 904 358-8300 at () | |
| Name o | of Person | | ne Telephone Number |
| Enclosed is a check for t | he 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 S Division of C P.O. Box 632 Tallahassee, 1 | Section Corporations 17 | Street Address: Registration Se Division of Co The Centre of 2415 N. Monro | rporations |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Dawson, Orr. Cook, Fix and Stewart, PLLC | | |
|---|--|---------------------------|
| (Name of the Limited Liability Comp (A Florida Limited | anv as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company | y were filed on <u>07/01/2009</u> | and assigned |
| lorida document number L09000063871 | | |
| his amendment is submitted to amend the following: | | |
| a. If amending name, enter the new name of the limited lial | pility company here: | |
| he new name must be distinguishable and contain the words "Limited Liab | ility Company," the designation "LLC" or | the abbreviation "L.L.C." |
| Inter 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) | | |
| | | |
| 3. If amending the registered agent and/or registered office | address on our records, enter the | name of the new register |
| gent and/or the new registered office address here: | address on our records, enter the | The N |
| | | 020 . |
| Name of New Registered Agent: | | JAM |
| New Registered Office Address: | | 23 |
| The frequency of the frequency. | Enter Florida street address | PR 111 |
| | . Floric | la D |
| | City | Zio 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 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>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------------------|---------------------|--------------------------------|----------------|
| MGRM | Rene' M. Fix | 818 A1A North, Suite 302 | |
| | | Ponte Vedra Beach, FL 32082 | ■Remove |
| | | | |
| MGRM Giovanni W. Stewart | Giovanni W. Stewart | 50 N. Laura Street, Suite 1675 | □ Add |
| | | Jacksonville, Fl. 32202 | ≣Remove |
| | | | |
| | | - | |
| | | | □Remove |
| | | | □Change |
| | | | |
| | | | □Remove |
| | | | □Change |
| | | | |
| | | | □Remove |
| | | | Change |
| | | | |
| | | | □Remove |
| | | | □ Change |

| _ | | |
|------------------------|--|--|
| | | |
| | | |
| | | |
| _ | | |
| _ | | |
| _ | | |
| _ | | |
| _ | | |
| | | |
| | | |
| _ | | |
| | | |
| _ | | |
| . | | |
| | | |
| | | |
| _ | | |
| lf an effe | fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a | optional) after filing.) Pursuant to 605,0207 (|
| docume | If the date inserted in this block does not meet the applicable statutory filing requirements, nent's effective date on the Department of State's records. | this date will not be listed as |
| e record rd is file | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of iled. | f: (b) The 90th day after the |
| Dated J | January 20 2020 | |
| vacuu _ | | |

Typed or printed name of signee