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SECRETARY OF STATE
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EXAMINER

COVER LETTER

TO: * Registration S Division of Co		;		
SUBJECT:	Jax Ac	quisitions, LLC		
		ited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	ondence concerning this matter	r to the following:		
1	Brenda Morrow			
		Name of Person		
	Palm Beac	h Atlantic Financial Grou	p, LLC	_
		Firm/Company		
	2101	Vista Parkway, Suite 12	0	
		Address		1. 2
	Wos	ot Dolm Pooch El 22414		2010 APR -5 TALLAHASS
	vves	St Palm Beach, FL 33411 City/State and Zip Code	. <u>.</u>	野哥
	brend	a@pbafinancialgroup.coi	m	
	E-mail address: (to be used for future annual report n	otification)	
For further information	concerning this matter, please	call:		MA: 05 OF STATE EE, FLORID
Br	renda Morrow	at (_561)	290-4700	Drn J
Name of Person			time Telephone Numbe	er
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 enclo		ate of Status &
•		(additional copy is encio		nal copy is enclosed)
•				
MAILING ADDRESS: Registration Section		STREET/COU Registration Se	JRIER ADDRESS: ction	
Division of Corporations P.O. Box 6327		Division of Cor Clifton Buildin	porations	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Jax Ac	quisitions, LLC			
(Name of the	<u>ne Limited Liability (</u> (A Florida Li	Company as it now appears mited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Company were filed on			9/30/2009	and assigned	
Florida document numberL0	9000094290	_•			
This amendment is submitted to amen	nd the following:	:			
A. If amending name, enter the ne	w name of the limit	ed liability company here	:		
The new name must be distinguishable a "L.L.C."	and end with the word	s "Limited Liability Compan	y," the designation "I		
Enter new principal offices address	, if applicable:		, T	2010 T	
(Principal office address MUST BE	<u>A STREET ADDRI</u>	ESS)	·	CO PO	
				SSEE, FLO	
Enter new mailing address, if appli	cable:			CS =: 0	
(Mailing address MAY BE A POST	OFFICE BOX)			om or	
B. If amending the registered agent and/or the new reg			ır records, <u>enter t</u>	he name of the new	
Name of New Registered A	gent:				
New Registered Office Add	ress:	<u></u>			
	Enter Florida street addres.			ress	
<u>. </u>		City	, Florida	Zip Code	
. Now Designated Acoust's Signature if	shonging Dagistavad	City		гір Соае	
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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member Type of Action Title **Address** Name MGRM **Brenda Morrow** 2101 Vista Parkway, Suite 120 Remove West Palm Beach, FL 33411 William A Smith MGRM 2101 Vista Parkway, Suite 120 ☐ Add West Palm Beach, FL 33411 ✓ Remove MGRM 2101 Vista Parkway, Suite 120 West Palm Beach, FL 33411 Palm Beach Atlantic Finance ✓ Add Financial Group, LLC Remove Add Remove 2010 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 3-31-2040 Dated Signature of a member or authorized representative of a member Brenda D Morrow Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00