

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000043706 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

:cT

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CSH SERVICES, LLC

Account Number : I20070000160 Phone

: (800)494-3124

Fax Number

: (561)455-9885

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION JACKSONVILLE WEB PAGES LLC

in a per <u>program in a transper</u> in a contraction of the pre-	the state of the s
Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$52.50

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

4,100000437063.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JACKSONVILLE WEB PAGES LLC

(<u>Name of the Limited</u> (A	Liability Compar Florida Limited L	ny as it now appears cliability Company)	n our records.		
The Articles of Organization for this Limited Liability Company were filed on 01/28/2010 Florida document number L10000010249					99 FF
This amendment is submitted to amend the following	HASSE	FFB 25			
A. If amending name, enter the new name of	the limited liab	ility company here:		er si	平:
The new name must be distinguishable and end wit "L.L.C."	h the words "Limi	ted Liability Company,	" the designation "I	LC" or the abb	restation
Enter new principal offices address, if applicable:		1849 SAGA COUF	रा		
(Principal office address MUST BE A STREET ADDRESS)		MIDDLEBURG, FLORIDA 32068			
Enter new mailing address, if applicable:		1849 SAGA COUF	श		
(Mailing address MAY BE A POST OFFICE BOX)		MIDDLEBURG, FLORIDA 32068			
B. If amending the registered agent and/or registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:		.L OURT	records, <u>enter 1</u>		he pew
	MIDDLEBURG	,	, Florida _ 33	2068	
	<u> </u>	(City)	^ *V*****	(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.

(If Changing Registered Agent, Signature of New Registered Agent)

If amend or Mana	ling the Managers or Managing Mem <u>eing Member being added or remove</u>	bers on our records, enter the fitle, name, as i from our records:	nd address of each Manager 0000043706'3
MGR = N MGRM =	Manager = Managing Member	,, .	
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	BURTON W KROSNICK	13734 BERMUDA CAY CT JACKSONVILLE FL 32225 US	Add Remove
			AddRemove
			Add Kemove
			Add Remove
			FEB.25
			Add Remove
		nange(s) here: (Attach additional sheets, if nece	essary.)
. ~	MANAGER/MEMBER DETAIL: JOHN W EZELL, SHOULD BE CHAN	GED FROM MANAGER TO MANAGING MEN	IBER
	THE LLC IS A MEMBER MANAGED LL	.c	
Dated <u>FEE</u>	adu Q.	Eull inher or authorized representative of a member	
	John W Ezell	ped or printed name of signce	

Page 2 of 2