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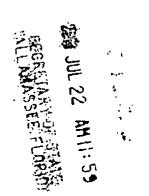
| (Requestor's Name) | | |
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| PICK-UP WAIT MAIL | | |
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| Certified Copies Certificates of Status | | |
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| Special Instructions to Filing Officer: | | |
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Office Use Only



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COVER LETTER

| TO: | Registration Se Division of Cor | | | | |
|----------------------|------------------------------------|-------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|---------------|
| er (13. 11.) | F.J.F, LLC | | | | 4 |
| SUBJE | <u></u> | | C R | | |
| The encl | losed Articles of | Amendment and fee(s) are sub | mitted for filing. | 〈 | JU 22 MI 1.57 |
| Please re | eturn all correspo | ndence concerning this matter | to the following: | | 350 |
| | | Į. STEVEN GARTHE | | | |
| | | | Name of Person | | |
| | | HEEBNER, BAGGETT & | | | |
| | | | | | |
| | | 523 N. HALIFAX AVENU | JE | | |
| | | | Address | | |
| | | DAYTONA BEACH, FL 32118 | | | |
| | | fjfyoll@gmail.com | City/State and Zip Code | | |
| | | E-mail address: (| to be used for future annual report not | fication) | |
| For furth | ner information co | oncerning this matter, please ca | all: | | |
| J. STEV | EN GARTHE | | 386 255-1428, E | | |
| | Name o | f Person | Area Code Daytin | ne Telephone Number | |
| Enclosed | is a check for th | ne 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 | |
| | Registr | ING ADDRESS: ation Section | STREET/COUR Registration Section Division of Compa | πο | |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

| | 10 | <u>.</u> | |
|-----------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------|--|
| ART | TICLES OF O | RGANIZATION 🗞 | |
| | Ol | F EE TO | |
| | | (A) (2) | |
| F.J.F. LLC | | | |
| (<u>Name of the Lim</u> | ited Liability Compan (A Florida Limited L | ny as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited 1 | inhility Company | were filed on JUNE 17, 2010 and assign | |
| | Liability Company | were fried on and assigned | |
| lorida document number L10000064948 | · | | |
| his amendment is submitted to amend the fol | lowing: | | |
| 16 | - 8 Ali - 15 - 15 - 15 - 15 - 15 - 15 - 15 | 1124. | |
| a. If amending name, enter the new name of | of the limited liabi | ality company here: | |
| | | | |
| he new name must be distinguishable and contain the | words "Limited Liabili | ity Company," the designation "LLC" or the abbreviation "L.L.C." | |
| Enter new principal offices address, if appli | cable: | 800 Belle Terre Prkwy | |
| Principal office address MUST BE A STRE. | ET ADDRESS) | Bldg 200, #126 | |
| | | PALM COAST, FL 32164 | |
| | | | |
| Enter new mailing address, if applicable: | | 800 Belle Terre Prkwy | |
| Mailing address MAY BE A POST OFFICE | E BOX) | Bldg 200, #126 | |
| | | PALM COAST, FL 32164 | |
| | | | |
| 3. If amending the registered agent and | 1/or registered of | fice address on our records, enter the name of th | |
| egistered agent and/or the new registered o | | | |
| | | | |
| Name of New Registered Agent: | Frank J. Ferro | | |
| | 800 Belle Terre | Prkwy, Bldg 200, #126 | |
| New Registered Office Address: | | Enter Florida street address | |
| | PALM COAST | 32164 | |
| | | , Florida 32164 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 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>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|----------------|-----------------------|----------------|
| MGRM | ARLENE FERRO | 118 FLAGLER PLAZA DR. | |
| | | PALM COAST, FL 32137 | Add |
| | | TALM CONST. LE 32137 | |
| | | | |
| | | | Change |
| MGR | FRANK J. FERRO | 800 BELLE TERRE PRKWY | |
| | | BLDG 200, #126 | B Add |
| | | | ☐ Remove |
| | | PALM COAST, FL 32164 | |
| | | | ☐ Change |
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| . If amending | any other information, enter change(s) here: {Attach daditional sheets, if hecessary.) |
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| Note: If the | te, if other than the date of filing: |
| | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: day after the record is filed. |
| Dated | Tel Den |
| | Signature of a member or authorized representative of a member |
| Fr | rank J. Ferro |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00