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2013 JUN 27 PM 12: 41

SECRETARY OF STATE

JUN 28 2013 J. BRYAN

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT.

Peace of Mind Property Management, 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:

Adam Rigel	70.0
Name of Person	
Peace of Mind Property Management, LLC	题之一
Firm/Company	
2406 University Blvd West	FLORING I
Address	
Jacksonville, FL 32217	7
City/State and Zip Code	

adam@jacksonvillewealthbuilders.com

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

For further information concerning this matter, please call:

Adam Rigel

_{.,/}904 \677**-**6777

Name of Person

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited		any as it now appears on ou Liability Company)	r records.)		
The Articles of Organization for this Limited L. Florida document number 272998452		•		_ and assigned	ì
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited lia	bility company here:			
JWB Property Management, LLC					
The new name must be distinguishable and end wi "L.L.C."	th the words "Lir	nited Liability Company," the	e designation "LLC	or the abbre	viatic
Enter new principal offices address, if applic	able:	N/A	ラ _の	22	
(Principal office address MUST BE A STREE	ET ADDRESS)		LLO		+
Enter new mailing address, if applicable:		N/A	SSET	27 P	n J
(Mailing address MAY BE A POST OFFICE BOX)			<u>_</u>	<u> 양</u>	_
B. If amending the registered agent and registered agent and/or the new registered o			cords, enter the	name of the	 e <u>n</u> e
Name of New Registered Agent:	<u>N/A</u>				· —-
New Registered Office Address:					
		Enter Florida street address			
			, Florida		
		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.

If Changing Registered Agent, Signature of New Registered Agent

MGR = M MGRM =	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	N/A		Add
			Remove
			15% F T
			
			SSEE, FLORI
			
			Add
			Remove
			Add
			Remove
			Add
			Remove
			·
			Add
_			Remove

' : 'If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

N/A	formation, enter change(s) here: (Attach additional sheets, if nea	:essary.)
	·	
June 24	2013	
	Signature of a member or authorized representative of a member	
	Alam Richard Typed or printed name of signee	
	Page 3 of 3	10 3
	Filing Fee: \$25.00	2013 JUN 27 SECRETARY TALLAHASS
		PH 12: 4-1 EF, FLORIE
		BE -