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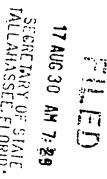
(Requestor's Name)
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(Document Number)
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COVER LETTER

TO:	Registration Se Division of Cor					
cum	JASMINE :	2010. LLC				
SUB	SJECT:	Name of Lim	ited Liability Company			
The	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Pleas	se return all correspo	ndence concerning this matter	to the following:			
		NERINGA BALTUSIENE	3			
			Name of Person			
		RA GROUP DOCKS, LLC	2			
			Firm/Company			
		. 3700 POMPANO DR SE				
		···	Address			
	•	ST. PETERSBURG, FL-33705 City/State and Zip Code				
		neringa@watersideatcoquin	-			
		h-mail address: ()	to be used for future annual report notifi	cation}		
For f	further information e	oncerning this matter, please ea	ıll:			
NERINGA BALTUSIENE Name of Person		NE .	727 - 329 - 8736			
		f Person	at () Area Code Daytime	Telephone Number		
Encl	osed is a check for th	ne following amount:				
■ 9	\$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

JASMINE 20	010, LLC	
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) ad Liability Company)	
The Articles of Organization for this Limited Liability Compare Florida document number 110000076250	ny were filed on JULY 20, 2010	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liz	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter 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)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address b		Note the name of the ne
Name of New Registered Agent:		HASS
New Registered Office Address:	Enter Florida street address	SEE. FL
	Florid:	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>	Address	Type of Action
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		ST. PETERSBURG, FL-33705	☐ Remove
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			☐ Change
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			Remove
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Page 3 of 3

Filing Fee: \$25.00