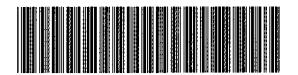
## L11000024792

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ac                     | ldress)            |             |
| (Ac                     | ldress)            |             |
| (Cit                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | siness Entity Nar  | me)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
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EXAMINER

## **COVER LETTER**

|                         | egistration S<br>ivision of Co |  | ,   |  |
|-------------------------|--------------------------------|--|---|--|
| SUBJECT                 | ٠.                             | JMark M  | anagement LLC   |  |
| SOUSECT                 | •                              |  | ited Liability Company                                  |  |
|                         | •                              | f Amendment and fee(s) are sui   | _   | 12 NPR 26 PAIL   |
| Please retu             | rn all corresp                 | oondence concerning this matte   | r to the following:                                     | PA   |
|                         | T Mark Johnson                 |  |   |  |
|                         |                                |  |   |  |
| JMark Management LLC    |                                |  |   |  |
| Firm/Company            |                                |  |   |  |
| 5510 Rosehill Road #201 |                                |  | 1   |  |
|                         |                                |  | Address   |  |
|                         |                                |  | Sarasota, FL 34233                                      |  |
|                         |                                |  | City/State and Zip Code                                 | •  |
|                         |                                | E-mail address: (  | @jmarkmanagement.c<br>to be used for future annual repo | ort notification)  |
| For further             | information                    | concerning this matter, please of  | call:   |  |
| T. Mark Johnson         |                                | at ( 941 )   | 447-0394  |  |
|                         | Name                           | of Person  |   | Daytime Telephone Number   |
| Enclosed is             | a check for                    | the following amount:  |   |  |
| \$25.00                 | Filing Fee                     | \$30.00 Filing Fee & Certificate of Status   | Certified Copy (additional copy is en                   | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|                         |                                | <b>)</b>   |   |  |
|                         | Regisi<br>Divisi<br>P.O. E     | LING ADDRESS:<br>tration Section<br>on of Corporations<br>Box 6327<br>tassee, FL 32314 | Registration Division of C Clifton Build                | Corporations<br>ling<br>ive Center Circle  |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

|  |   |                                       | The second   |
|--|---|---------------------------------------|--|
| JMark  | Management LLC  |                                       | <b>4</b> %   |
| (Name of the Limited Liabil                                      | ity Company as it now appea<br>a Limited Liability Company) | rs on our records.)                   | 10 100   |
| (A Florid  | a Limited Liability Company)                                |                                       |  |
|  |   |                                       | <b>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</b>   |
| The Articles of Organization for this Limited Liability          | Company were filed on                                       | 2/28/2011                             | and assigne处 🥤   |
| Florida document numberL11000024792                              |   |                                       | <i>7</i> 2   |
| Florida document number  | ·············*  |                                       | and assigned   |
| This amendment is submitted to amend the following:              |   |                                       |  |
| A. If amending name, enter the new name of the li                | mited liability company her                                 | <u>·e</u> :                           |  |
| The new name must be distinguishable and end with the w "L.L.C." | vords "Limited Liability Compa                              | any," the designation "I              | LC" or the abbreviation  |
| Enter new principal offices address, if applicable:              |   |                                       |  |
| (Principal office address MUST BE A STREET ADI                   | DRESS)  |                                       |  |
|  |   |                                       |  |
|  |   |                                       | The state of the s |
| 10-4   |   |                                       |  |
| Enter new mailing address, if applicable:                        |   |                                       |  |
| (Mailing address MAY BE A POST OFFICE BOX)                       |   |                                       | <del> </del>   |
|  |   |                                       |  |
|  |   |                                       |  |
| B. If amending the registered agent and/or reg                   | istered office address on a                                 | our records enter t                   | he name of the new   |
| registered agent and/or the new registered office ad             |   | our records, enter t                  | ne name or the new   |
|  |   |                                       |  |
|  |   |                                       |  |
| Name of New Registered Agent:                                    |   | · · · · · · · · · · · · · · · · · · · | <del></del>  |
| New Registered Office Address:                                   |   |                                       |  |
| New Registered Office Address.                                   | En  | ter Florida street add                | ress   |
|  |   |                                       |  |
|  | <i>C</i> :  | , Florida                             | Zip Code   |
|  | 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

| <u>Title</u> | <u>Name</u>  | <u>Address</u>   | Type of Action |
|--------------|--|--|----------------|
| MGRM         | Anthony D. Palhete                                     | PO Box 27363 Tampa, FL 33623                                 | Add Remove     |
| <del></del>  | <del></del>  |  | Add Remove     |
| <del></del>  | <del></del>  |  | Add Remove     |
|              |  |  | Add<br>Remove  |
| <del></del>  |  |  | Add<br>Remove  |
| ······       | <del> </del>   |  | Add<br>Remove  |
|              | nding any other information<br>article 9 - Management. | n, enter change(s) here: (Attach additional sheets, if neces | sary.)         |
|              |  | ng Manager Real Estate: Anthony D Palhete                    |                |
|              | · · · · · · · · · · · · · · · · · · ·                  |  | <del></del>    |
| Dated        | April 18   |  |                |
|              | Signate  |  |                |
|              | T. M   | lark Johnson, Operating Manager Member                       |                |
|              |  | Typed or printed name of signee                              |                |

Page 2 of 2

Filing Fee: \$25.00