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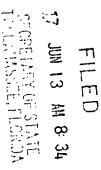
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D. SCOTT JUN 1 6 2017

COVER LETTER

TO:	Registration So Division of Co					
CV TO TE	Jetex, LLC		·			
SUBJE	CT:	Name of Lim	Name of Limited Liability Company			
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please r	eturn all correspo	ondence concerning this matter	to the following:			
		Jill S Atwood				
			Name of Person			
		Jetex, LLC				
			Firm/Company	<u> </u>		
		2730 US1 South, Suite E				
			Address		737	
		St. Augustine, FL 32086			温量コ	
			City/State and Zip Code	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
For furtl	ner information o	E-mail address: (concerning this matter, please co	to be used for future annual report not all:	ification)	FILEU BEST	
Jill S. A	twood		904 669-5339 at ()			
	Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclose	d is a check for t	he following amount:				
■ \$25	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	enter Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jetex, LLC	•	
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our re da Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability	Company were filed on 05/03/2011	and assigned
Florida document number L11000051940	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD.	RESS)	
		5
•		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	***	<u> </u>
		500
B. If amending the registered agent and/or registered agent and/or the new registered office add		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street ac	ddress
		, Florida
	Ciņ	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>	Address	Type of Action
AMBR	Francis Charles	1517 Perimeter Road, Suite 527	Add
		West Palm Beach, FL 33406	Remove
			Change
			☐ Remove
			☐ Change
			
			□ Remove
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		<u> </u>	Add T
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Filing Fee: \$25.00