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SECRETARY OF STATE



OCT 11 2013 D. BRUCE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jones Sanc (Name of the Limited Lia (A Flo	ability Company as it now appride Limited Liability Compar	pears on our records.)		
The Articles of Organization for this Limited Liabi	lity Company were filed on _	2-17-12	and assigned	
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of th	e limited liability company	<u>here</u> :		
The new name must be distinguishable and end with th	ne words "Limited Liability Co	mpany," the designation	"LLC" or the abbrevia	 ation
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	ADDRESS)			_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		13 OCT 11	_
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address (e address here:	on our records, <u>enter</u>	the name of the ORIDA	new
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida street ac	ldress	_
	City	, Florida _	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

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 Title <u>Address</u> Type of Action Name Paul A. Keen 26 meruy n Dr. Crawfordville FL Remove Remove Remove Remove Remove

D If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
D. (//
Dated	
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	1/
	Page 3 of 3
	Filing Fee: \$25.00

SECRETARY OF STATE

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