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UCT 17 2017 J. HARRIS

COVER LETTER

Division of Co			
SUBJECT:	2JCP L	LC	
	Name of Limi	ted Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	nitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ANDREW	MC EWAN Name of Person	
	<u>2</u> JCP	LLC Firm/Company	
	1108A	IA N STE	101-2
	PONTE V	City/State and Zip Code Cevicen © 2jo o be used for future annual report notion	1, FL,32082
	E-mail address: (1	to be used for future annual report noti	CP, COM
For further information	concerning this matter, please ca	ill:	
ANDY	MCEWAW of Person	at (904) 226 Area Code Daytim	e 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

250P LLC

(Name of the Limited Liab (A Flor	pility Company ida Limited Lial	as it now apper oility Company)	ars on our reco	ords.		
The Articles of Organization for this Limited Liability		ere filed on _	Sept_	10,201	2 and ass	signed
This amendment is submitted to amend the following:	:					
A. If amending name, <u>enter the new name of the li</u>	mited liabilit	y company l	<u>iere</u> :			
The new name must be distinguishable and contain the words "L	imited Liability	Company," the	designation "L	LC" or the ab	A	.L.C."
Enter new principal offices address, if applicable:						L li
(Principal office address MUST BE A STREET ADI	DRESS)		NOT	<u>Applic</u>	ABTE	- Martin
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	- - -			<i></i>	TO THE	\$ 5 m
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac		ee address o	n our reco	rds, <u>enter</u>	the name	of the nev
Name of New Registered Agent:	Ank	DREW	MCE	WAN	<u> </u>	
New Registered Office Address:	1108	ALA Enter Flo	orida street ada	STE	nter the name of the new	
<u>_</u> F	ONTE 1	JEORA City	BEACH,	Florida	320 g Zip Code	82

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>	Name	Address	Type of Action
MGR	ANDY MCEWAN	1108 AIA N, STE 101-2	Add
		PONTE VEDRA BEACH	☐ Remove
		FLORIDA, 32082	Change
AMBR	JAN PACES	JAN PACES	DAdd
		2JCP Holding a.S. KONEVOVA 2660/141	□ Remove
		130 83 PRAHA 3 CZECH REPUBLIC	Change
AMBR	JANICE RIPPON	168 CROSSCOVE CIKLE	_ □ Add
		PONTE VEDRA BEACH	Remove
		FLORIPA, 3208Z	Change
AMBR	STEPHEN RIPPON	168 CROSSCOVE CIRCLE	Add
		PONTE VEDRA BEACH	_ Remove
		FLORIDA, 3208Z	Change
			Add
		es Set a	Add
		** ' *	_□ Change

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an effective date i ote: If the date	•						•
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