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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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Account Number: FCA000000023 ple of submission 1/6

**Enter the email address for this business entity to be used far ut annual report mailings. Enter only one email address plea

Email A	ddress:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIG MCM CORNERSTONE, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

,	MCM CORNE	RSTONE, LLC				
(Name of the Limite	d Llability Compa A Florida Limited	any as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Lia	bility Company	were filed on 11/14/2012	and assigned			
Florida document number L12000144439	·,					
This amendment is submitted to amend the follow	wing:					
A. If amending name, enter the new name of	the limited liab	ility company here:				
JFM CORNERSTONE, LLC						
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L,L,C,"			
Enter new principal offices address, if applicable:		5460 Lena Rd., Suite 101				
(Principal office address MUST BE A STREET	ADDRESS)	Bradenton, FL 34211				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5460 Lena Rd., Suite 101 Bradenton, FL 34211				
B. If amending the registered agent and/o registered agent and/or the new registered offi Name of New Registered Agent: New Registered Office Address:		e: I., Suite 101 Enter Florida street address	TO SELECT OF THE PROPERTY OF T			
	Piadelifoli	, Florid	Zo Code			
		City	Die 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

1/7/2016 4:37:54 PM From: To: 8506176383(3/4)

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	John F. Maben	5460 Lena Rd., Suite 101	A dd
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