To: 18506176383 From: 19047196848 Date: 02/16/21 Time: 1:13 PM Page: 01/05

2/16/2021

Floring Department of State

Division of Comporations

Element Filling Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:		-111
	Division of Corporations	
	Fax Number : (850)617-6383	ု ကို
From:		ات از رینان
	Account Name : EAVENSON, FRASER & LUNSFORD, PLLC	77 = 1
	Account Number : I20140000035	
	Phone : (904)567-1162	1.4
	Fax Number : (904)567-1065	
****** + h	ne email address for this business entity to be used fo	or futur

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PORT JAX LAND II, LLC

Certificate of Status	0
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Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu



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	egistration Se ivision of Cor			,	
•	PORTJAX	LAND II, LUC			
SUBJECT			ted Liability Company	·	
The enclose	ed Articles of .	Amendment and fee(s) are sub-	nitted for filing.		
Please retu	rn all correspo	ndence concerning this matter	to the following:		
		Sarah Hoffman			
		-	Name of Person		
		Eavenson, Fraser & Lunsfo	ord, PLLC		~2
			Firm/Company	4,,4==	9211
		4230 Pablo Professional Co	ourt, Suite 250		FEB 16
		··	Address		
		Jacksonville, Florida 3222	1		PK 4: 45
			City State and Zip Code		70 5
		sarah@effi.law	to be used for future annual report r	notification)	ं सि क
For further	information c	oncerning this matter, please ea			
Sarah Hof			904 425-9975	i	
Saran Hot	Name o	(Person	at ()	time Telephone Numb	u:
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Enclosed is	s a check for th	ne following amount:			
€ \$25.00) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Cl \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific	Filing Fee. rate of Status & rd Copy rate copy is enclosed)
•	Iniling Addres	ς.	Street Address	:	
R	egistration S	Section	Registration	Section	
	ivision of C .O. Box 632	forporations 7	Division of C The Centre o	Corporations of Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Company as it now app (A Florida Limited Liability Compan	ears on our records.)	
The Articles of Organization for this Limited Liability Company were filed on	December 17, 2012	and assigned
Florida document number 1.12000157064		
Forfida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company	here:	
Port Jax 900, LLC		
The new name must be distinguishable and contain the words "Limited Liability Company," @	ne designation "I L(" or the ab	hreviation "L.L.C."
Enter new principal offices address, if applicable:		202 5 :
	, a	田 司
	·	U
 -		
Enter new mailing address, if applicable:		图 呈
	· · · · · · · · · · · · · · · · · · ·	(7) gr (1)
(Mailing address MAY BE A POST OFFICE BOX)	ľ	-:-i %
B. If amending the registered agent and/or registered office address on ou	r records, enter the nam	e of the new registe
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
Enter	Florida stract address	
	Florida	
Cin	-	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree to act in th	nis capacity. I further ag	ree to comply with
provisions of all statutes relative to the proper and complete performance	$e \phi f$ my duties, and Lam $_{_{\odot}}$	затина мин ана
accept the obligations of my position as registered agent as provided for being filed to merely reflect a change in the registered office address. I ha	in Chapter 603, F.S. Or.	, у тих аосшивш із
being filed to merely reflect a change in the registered office address, i ra company has been notified in writing of this change.	a vice way is in that the in	

To: 18506176383 From: 19047196848 Date: 02/16/21 Time: 1:13 PM Page: 04/05

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
			□Remove
			Change
			□Add
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locument's effective date on the Departmen	nt of State's records.		•		
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