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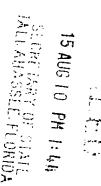
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COVER LETTER

TO: Registration S Division of Co			?				
Jax Invest	ment Holdings II, LLC						
Name of Limited Liability Company							
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.					
Please return all corresp	ondence concerning this matter	to the following:					
	John L. Soileau						
		Name of Person					
	Watson, Soileau, DeLeo, I	Burgett & Pickles, P.A.					
		Firm/Company					
	3490 North U.S. Highway	1					
		Address					
	Cocoa, FL 32926						
		City/State and Zip Code					
	jsoileau@brevardlawgroup						
	E-mail address: (to be used for future annual report notifi	ication)				
For further information	concerning this matter, please c	all:					
John L. Soileau		321 631-1550 at (
Name	of Person		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

Jax Investment Holdings II, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{12/19/2012}{12}$ and assigned Florida document number _____L12000158484 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: 댨 Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

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
MGR	Shah, Summit	402 High Point Drive, Ste 101	■ Add
		Cocoa, FL 32926	□ Remove
		******	☐ Change
MGRM	Rashmi M. Shah II Irrevocable Tru:	402 High Point Drive, Ste 101	□ Add
		Cocoa, FL 32926	■ Remove
			Change
MGR	Rashmi M. Shah	402 High Point Drive, Ste 101	
		Cocoa, FL 32926	Remove
			☐ Change
	·		Add
			☐ Remove
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	specifies a delayed ef n day after the record		but not an e	ffective time	e, at 12:01 a.ı	m. on the	e earlie	er
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	Mahesh R. Shah							

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Filing Fee: \$25.00