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COVER LETTER

	Registration S Division of Co			
eum ike		buyers, LLC		
SUBJEC				
The encle	osed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all corresp	ondence concerning this matter	to the following:	
		Tim Herndon		
		Jax Homebuyers, LLC	Name of Person	
		4651 Salisbury rd, Suite 40	Firm/Company	
		Jacksonville, FL 32256	Address	
		tim@metrohomebuyers.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	fication)
For furth	er information	concerning this matter, please ca	all:	
Tim Her			904 494-6161 at () Area Code Daytime	25 A. L. M
	Name	of Person	Area Code Daytimo	e Telephone Number
Enclosed	l is a check for	the following amount:		
\$25.0	00 Filing Fee	S30.00 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 Homebuyers, 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 03/25/2013 ____ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Metro Homebuyers, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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	
			□ Add	
			□ Remove	
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ffective date, if other than the an effective date is listed, the date mus (ote: If the date inserted in this bloocument's effective date on the Do	ock does not meet the ap	oplicable statutory filing r	(optional) than 90 days after filing.) Pursua equirements, this date will no	ant to 605,020 of be listed as
e record specifies a delayed The 90th day after the reco	effective date, but ord is filed.	t not an effective tim	ne, at 12:01 a.m. on th	e earlier o
December 10th	2018			
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Typed or printed name of signee

Filing Fee: \$25.00