## 113000082737

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T. BROWN

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TO: Registration Section Division of Corporation	on	<b>4</b>	
SUBJECT:	Jerico	River L ed Liability Company	LC
The enclosed Articles of Art	nendment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
		Name of Person  CO  Firm/Company  O 45  Address  City/State and Zip Code	
-	E-mail address: (to	o be used for future annual report no	otification)
For further information cond			_
Name of Pe	Wez-MUR	195 at (305) 36 Area Code & Day	1- 2272 time Telephone Number
Enclosed is a check for the f	ollowing amount:		
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sed)    \$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

ARTI	CLES OF AMENDMENT
ADTIC	TO LES OF ORGANIZATION なん
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Tarica	LES OF ORGANIZATION 1300, ELEO OF TALEGRAPH AND PARTY OF THE PARTY OF
(Name of the Limited Li	ability Company as it now appears on our records.
(A F	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liab	ility Company were filed on June 3, 2013 and assigned
Florida document number 4130000827	37
This amendment is submitted to amend the follow	ing:
A. If amending name, enter the new name of the	ne limited liability company here:
Jerico Savana	ih midway LLC
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicab	le:
(Principal office address MUST BE A STREET	4DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u></u>
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, enter the name of the new e address here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
_	, Florida
	City 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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Title** <u>Name</u> <u>Address</u> Type of Action Remove Remove Remove Remove

<u>54</u>	ot 28,2013)
	Signature of a member or authorized representative of a member  To get Survez - MURIPS

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