113000113953

| (Ře | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | ldress) | |
| (Ac | ddress) | , |
| (Cil | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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|-----------|------------------------------------|---|---|---|
| SUBJEC | | d James Land, LLC | | |
| SUBJEC | | Name of Lin | nited Liability Company | |
| The encl | osed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please re | turn all correspo | ondence concerning this matter | to the following: | |
| | | James Neshewat | | |
| | | | Name of Person | |
| | | Charles and James Land, | LLC | 1777 |
| | | 601 St. Johns Ave. | Firm/Company | 2819 Jan 16 P 10: 58 |
| | | | Address | |
| | | Palatka, FL 32177 | | <u> </u> |
| | | Jim@stjohnsasset.com | City/State and Zip Code | संस |
| For furth | ier information c | e-mail address: to | (to be used for future annual report notifice) | cation) |
| James N | | • | 386 385-5915 | |
| | Name o | f Person | at () Area Code Daytime | Telephone Number |
| Enclosed | l is a check for the | he 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) |
| | | ING ADDRESS: ration Section | STREET/COURIE Registration Section | R ADDRESS: |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Charles and James Land, LLC | | |
|--|---|----------------------------------|
| (Name of the Limited Liability Comp. (A Florida Limited | any as it now appears on our reco Liability Company) | rds.) |
| The Articles of Organization for this Limited Liability Company Florida document number L13000113953 | were filed on 08/13/2013 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | oility company here: | |
| The new name must be distinguishable and contain the words "Limited Liab | ility Company," the designation "LL | .C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | - | |
| | | 一 |
| Enter new mailing address, if applicable: | | न म |
| (Mailing address MAY BE A POST OFFICE BOX) | | <u> </u> |
| | | |
| | · _ | ₋ - |
| B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here. | | ds, enter the name of the nev |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street addr | ess |
| | | 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 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> | Name | <u>Address</u> | Type of Action |
|--------------|-----------------|---------------------|----------------|
| MGR | Charles Douglas | 1421 Wentworth Ave | |
| | | | |
| | | St. Johns, FL 32259 | |
| | | | Remove |
| | | | |
| | James Neshewat | 601 St. Johns Ave | Change |
| AMBR | James resnewat | oor St. Johns Ave | |
| | | Palatka, FL 32177 | |
| | | | Remove |
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| Charles Douglas should be | removed entirely. | | |
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| ffective date, if other than t | he date of filing: nust be specific and cannot be prior to date of | (opti | onal) |
| ote: If the date inserted in this | block does not meet the applicable statt | | |
| ocument s effective date on the | Department of State's records. | | |
| e record specifies a delay The 90th day after the r | ved effective date, but not an effecord is filed. | fective time, at 12:01 | a.m. on the earlier |
| January 11 | 2019 | | |
| // | | | |
| // | $\langle \langle \rangle \rangle / \langle \rangle \rangle$ | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00