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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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DEPARTMENT OF STA

2014 FEB 10 MH 10 147
SECRETARY OF STATE



ACCOUNT NO. : 12000000195

REFERENCE : 998414 7511693

AUTHORIZATION	Kreld	den	en
		_	

COST LIMIT (\$ 25.00

ORDER DATE: February 10, 2014

ORDER TIME: 12:23 PM

ORDER NO. : 998414-010

CUSTOMER NO: 7511693

DOMESTIC AMENDMENT FILING

NAME: JRE-PORT CHARLOTTE, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

___ CERTIFIED COPY PLAIN STAMPED COPY ____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER'S INITIALS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JRE-Port Charlotte, LLC		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our red la Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability	Company were filed on 01-16-2014	and assigned
Florida document number L14000009518	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and end with the w "L.L.C."	vords "Limited Liability Company," the des	ignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	DRESS)	
	<u></u>	70. 20. F
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our records dress here:	s, enter the fihme of the new
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida s	treet address
	, Flo	orid a Zip Code
	Cuy	Lip 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title Name Address Type of Action

MGR James Bunnell 6321 Daniels Parkway Suite 200

Fort Myers, Florida 33912

MGR Brian Fox 6321 Daniels Parkway Suite 200

Add

Fort Myers, Florida 33912

Add

Fort Myers, Florida 33912

Add

Remove

 	Add
	 Remove 2
	2014 FER TO PROVE TO TAKE TO ANY OF STATE
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the date of filing:	(optional)
	n 90 days after filing.) (605.0207 (3)(b)
87	
Signature of a member or authorized representa	ative of a member
DANIEL & DOSON	est Mongen
71 1	
Page 3 of 3	
Filing Fee: \$25.00	2014 FEB 10 SEGKE TARY TALLAHASS
	TARY HASSE
	POF STA
	signature of a member or authorized representational printed name of signature of a Page 3 of 3

APP TO