Division of Corporations Electronic Filing Cover Sheet

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(((H14000056943 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : VAN WINKLE & SAMS, P.A.

Account Number: I20030000032 Phone : (941) 923-1685

Fax Number : (941)923-0174

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JTG-DELRAY, LLC

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VANWINKLEANDSAMS

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JIG-Delray LLC				
(Name of the Limited Light) (A Florid	ity Company as it now appears on ou a Limited Liability Company)	r records.)		
The Articles of Organization for this Limited Liability (Florida document number L14000025716	Company were filed on Februa	ry 14, 2014	and as	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	nited liability company here:			
JBG-DELRAY, LLC				
The new name must be distinguishable and end with the words "Li	imited Liability Company," the designat	tion "LLC" or the a	breviation "	L.L.C."
Euter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD)	RESS)		53_	
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Enter new mailing address, if applicable:		· •	, 1	
(Mailing address MAY BE A POST OFFICE BOX)				(, see)
		, h	in ン	العسا
B. If amending the registered agent and/or registered agent and/or the new registered office add		records, enter	the name	of the new
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·			
New Registered Office Address:				
•	Enter Florida stree	et address		
		, Florida		
New Pagistared Agent's Signature (Fahanging Pagistare	City		Zip Code	

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

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MGR = Manager

(((H14000056943 3)))

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:

AMDK =	Authorized Member		
Title	<u>Name</u>	Address	Type of Action
		,	·□ Remove
		W	
			□ Add
	, ,		□ Romove
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			□ Remove

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Effective date, if other than the da The effective date must be specific, cannot b the date this document is filed by the Florid Dated March le	te of filing:(optional) e prior to date of receipt or filed date and cannot be more than 90 days after a Department of State) , 2014
Dated March &	a Department of State)
Dated March &	te of filing: te prior to date of receipt or filed date and cannot be more than 90 days after a Department of State) , 20/4 mature of a member or authorized representative of a member Lauric B. Same

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