L14000038430

(Re	questor's Name)	·
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COVER LETTER

TO:	Registration Se Division of Cor			
CUDI		Enterprises, LLC		
SUBJI	ECI:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Geoffrey Bickford		
			Name of Person	
			Firm/Company	
		1818 Plantation Oaks, Dr		
			Address	
		Jacksonville, FL 32223		
			City/State and Zip Code	
		bbdenterprisesllc@gmail.co		-iax
		E-mail address: (to be used for future annual report notifi	cation)
For fur	ther information co	oncerning this matter, please co	all:	
Geoffr	ey Bickford		904 343-8587	
Name of Person			Firm/Company Address State and Zip Code at (
Enclos	ed is a check for th	e following amount:		
□ \$2:	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &

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 Property Enterprises, LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
the Articles of Organization for this Limited Liability Company lorida document number <u>L14000038430</u> .	y were filed on 3/7/2014 and assi	gned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	pility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.I.	C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
	(C)	
	100	
. If amending the registered agent and/or registered o		
egistered agent and/or the new registered office address her		KNN 44
Name of New Registered Agent:		
New Registered Office Address:		
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 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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Bickford, Geoffrey	5344 Marlene Ave	
		Jacksonville, FL 32210	■ Remove
			□ Change
AMBR	Dobson, Kathryn	5344 Marlene Ave	
		Jacksonville, FL 32210	■ Remove
			☐ Change
AMBR	Bickerawason Holdings, Inc	1818 Plantation Oaks Dr	
		Jacksonville, FL 32223	□ Remove
			Change
			□ Add
			Remove
			□ Ehangel
			□ĀAdd
			□ Remove
			Change
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			☐ Remove

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ective date, if other than the date of fili	4 Oct, 2016	(optional)	, (E)	
n effective date is listed, the date must be specific a te: If the date inserted in this block does not sument's effective date on the Department of	and cannot be prior to date of filing to the cannot be prior to date of filing the cannot be applicable statutor to the cannot be seen to the cannot be carried as the carr	ng or more than 90 days after filing	g.)'Pursuant to 60	
record specifies a delayed effective he 90th day after the record is filed		tive time, at 12:01 a.m.	on the ear	lier o
4 Oct	2016			
ed Total				
laste	page managers			
Signature of	a member or authorized represe	entative of a member		

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Filing Fee: \$25.00