

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L14000042532

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.
Account Number : 076077001702
Phone : (407)841-1200
Fax Number : (407)423-1831

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: JITINVEST@AOL.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FORT PIERCE LAND HOLDINGS I, LLC**

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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AUG 10 2017
J. HARRIS

(((H17000211049 3)))
**ARTICLES OF AMENDMENT
 TO
 ARTICLES OF ORGANIZATION
 OF**

Fort Pierce Land Holdings 1, LLC

(Name of the Limited Liability Company as it now appears on our records.)
 (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on March 13, 2014 and assigned
 Florida document number L14000042532

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1701 Gulfstream Ave., Apt. # 727

Fort Pierce, FL 34949

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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.

By:

If Changing Registered Agent, Signature of New Registered Agent

(((H17000211049 3)))
 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	JIT Investment Company, LLC	800 NE Tenney Rd., Suite 110-135	<input type="checkbox"/> Add
		Vancouver, WA 98685	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	John M. Sigler	1701 Gulfstream Ave., Apt. # 727	<input checked="" type="checkbox"/> Add
		Fort Pierce, FL 34949	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 8, 2017

John M. Sigler
Typed or printed name of signee.

Filing Fee: \$25.00

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 FIL
 SIGNATURE