L140000070614

(Re	questor's Name)	
(Ad	dress)	<u></u>
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO:	Divi	istration Secti Islon of Corpo			
SUBJE	•	1012 King Ju	x, LLC		
			Name of Limited	Liability Company	
The enc	losed	l Articles of A	mendment and fee(s) are submit	sted for filing.	
Please r	eturn	all correspond	dence concerning this matter to	the following:	
			Lance Cohen		
				Name of Person	
			Cohen & Thurston, PA		
				Firm/Company	
			1912 Hamilton St., Suite 206	•	
				Address	
			Jacksonville, FL 32210		
			cohenthurston@cs.com	City/State and Zip Code	
			-	be used for future annual rep	ort notification)
For fu	rther	information co	oncerning this matter, please cal	1:	
Lnace	Coh	en		904 388-6	500
		Name o	f Person	Area Code	Daytime Telephone Number
Enclo	i hao	e a check for t	he following amount:		
		Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Regist Divisi P.O. E Tallah	LING ADDRESS: tration Section on of Corporations Box 6327 trassee, FL 32314 Secretary of State	Registratio Division of Clifton Bu 2661 Exec	f Corporations

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1012 King Jax, 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 May 1, 2014 _ and assigned Florida document number L14000070614 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 2725 College Street, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation 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) 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 , Florida 🔔

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.

City

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 = Ma $AMBR = Au$	inager ithorized Member		
<u>Title</u>	Name	Address	Type of Action
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Note: If	re date, if other than the date of filing: ctive date is listed, the date must be specific and cannot be prior to date of filing or m f the date inserted in this block does not meet the applicable statutory filin nt's effective date on the Department of State's records.	(optional) ore than 90 days after filing.) Pursuant to 605.020 g requirements, this date will not be listed a
	ord specifies a delayed effective date, but not an effective t 90th day after the record is filed.	ime, at 12:01 a.m. on the earlier o
Dated_N	November 28 2017	
	1/4/1.	
	Signature of a member or authorized representative	e of a member

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Filing Fee: \$25.00