

Division of Corporations

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L140000807R

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:

Account Name : FISHER, TOUSEY, LEAS & BALL
Account Number : I19990000021
Phone : (904) 356-2600
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
6120 SAN JOSE BOULEVARD WEST, LLC**

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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6120 SAN JOSE

Electronic Filing Menu

Corporate Filing Menu

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H14000147601

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

6120 San Jose Boulevard West, 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 19, 2014 and assigned Florida document number L14000080739

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

245 Riverside Avenue

Suite 310

Jacksonville, Florida 32202

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

245 Riverside Avenue

Suite 310

Jacksonville, Florida 32202

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:

Grace Sacerdote

New Registered Office Address:

245 Riverside Avenue, Suite 310

Enter Florida street address

Jacksonville

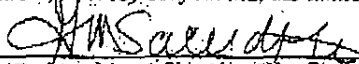
City

Florida 32202

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

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Weaver, Delores B.	2525 College Street	☐ Add
		Suite 1122	☒ Remove
		Jacksonville, Florida 32204	
MGR	Weaver, J. W.	2525 College Street	☐ Add
		Suite 1122	☒ Remove
		Jacksonville, Florida 32204	
MGR	Sacerdote, Grace	245 Riverside Avenue	☒ Add
		Suite 310	☐ Remove
		Jacksonville, Florida 32202	
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated May 20, 2014


Signature of a member or authorized representative of a member

Grace Sacardote

Typed or printed name of signer

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Filing Fee: \$25.00

FILED
JUN 19 2014
CLERK OF COURT
JULIA A. BROWN

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