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COVER LETTER

TO: Registration Sect Division of Corpo								
	ONE HOMES OF JACKSONVILLE, LLC							
Name of Limited Liability Company								
	mendment and fee(s) are submitted for filing. dence concerning this matter to the following:							
	EDDIE WILKINSON							
	Name of Person							
	CORNERSTONE HOMES OF JACKSONVILLE, LLC							
	Firm/Company							
	8323 RAMONA BLVD, WEST, SUITE 6							
	Address							
	JACKSONVILLE, FL 32221	2015						
City/State and Zip Code								
	1							
For further information con-	E-mail address: (to be used for future annual report notification)	G G						
Eddie Wilkinson	904 786-7000 ext 225	-						
Name of P	· · · · · · · · · · · · · · · · · · ·							
Enclosed is a check for the	following amount:							
□ \$25.00 Filing Fee	(additional copy is enclosed) Certified	e 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

CORNERSTONE HOMES OF JACKSONVILLE, 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 8-4-2014 Florida document number L14000122358 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) 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 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, 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>	Address	Type of Action
MGR	CANDY L. HARVISON	905 GROVE PARK BLVD.	■ Add
		JACKSONVILLE, FL 32216	□ Remove
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The	ord specifi 90th day a	after the re	ecord is fil	ed.						.m. or	the ea	rlier (
ated _	9/	125/20) Signature	_, _		_ •						

Page 3 of 3

Filing Fee: \$25.00