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JAN 22 JR II: LO

JAN 26 2015

R. WHILL

COVER LETTER

Divi	ision of Corpo	rations		
SUBJECT:	JAG APOL	LO HOLDINGS, LLC		
oebone ii		Name of Limited	d Liability Company	
The enclosed	Articles of An	nendment and fee(s) are submi	itted for filing.	
Please return	all correspond	ence concerning this matter to	the following:	
		R. MICHAEL DeLOAC	CH, Registered Agent	
			Name of Person	
-		R. MICHAEL DeLOAC	CH, P.A.	
			Firm/Company	
•		4313 Duncombe Drive	Э	
			Address	
		Valrico, FL 33596		
			City/State and Zip Code	
		michael@deloachlega		
		E-mail address: (to	be used for future annual report notificati	on)
For further in	nformation con	cerning this matter, please call	:	
R. MICH	AEL DeLOA	•	at () 468-2135 Area Code Daytime Te	
	Name of P	erson	Area Code Daytime Te	lephone Number
Enclosed is a	a check for the	following amount:		
□ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

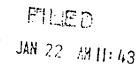
Registration Section

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



JAG APOLLO HOLDINGS, 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 Liab	oility Company were filed on Septe	ember 12, 2014 and assigned
Florida document number L14000145332	mall to the command of the first of the command of the comman	
This amendment is submitted to amend the follow	ring:	
A. If amending name, <u>enter the new name of tl</u>	he limited liability company here:	
The new name must be distinguishable and end with the wo	rds "Limited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	de:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		r records, enter the name of the new
registered agent and/or the new registered offic	ce aduress here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	street address
	Circ	, Florida
	Ciņ	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 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

Title	Name	Address	Type of Action
MGR	MICHAEL W. GRAMMER	831 ISLEBAY DRIVE	
		APOLLO BEACH, FL 33572	■ Remove
AMBR	MICHAEL W. GRAMMER	831 ISLEBAY DRIVE	
-		APOLLO BEACH, FL 33572	Remove
AMBR	DEBRA L. GRAMMER	831 ISLEBAY DRIVE	■ Add
		APOLLO BEACH, FL 33572	Remove
MGR	JOEL ANDERSON	871 BAYVIEW DRIVE	■ Add
		BRANDON, FL 33510	Remove
			□ Remove
			Add
			Remove

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he effi	(optional) extive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)
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he effe the dat	ctive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State) The To, 20,5
The effe the dat	ctive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00