4/8/2019

## Division of Corporations Division of Corporations Division of Corporations Electronic Elling Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Division of Corporations	- :	
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, , ,	Account Name : EAVENSON, FRASER, LUNSFORD &	IVAN, PLLC	10 15 E
	Account Number : I20140000035	r	<sup>1</sup> 2::
	Phone : (904)567-1162 Fax Number : (904)567-1065		tal 🗴
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Electronic Filing Menu

Corporate Filing Menu

Help

To: 18506176383 From: 19045671065 Date: 04/08/19 Time: 12:33 PM Page: 02/04

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H19000115827 3

	<b>4.</b>	2
Eavenson, Fraser, Lunsford & Ivan, Pl	LLC	2019 APR
(Name of the Limited	Liability Company as it now appears on our records.)	70
(A)	Florida Limited Linbility Company)	1 7000
	10/29/2014	and assigned T
The Articles of Organization for this Limited Liab	oility Company were filed on 10/23/2014	and assigned a
Florida document number L14000168383		
· · · · · · · · · · · · · · · · · · ·	··· <del>·········</del>	This:
This amendment is submitted to amend the follow	ring:	8: 1-8
		11:
A. If amending name, enter the new name of t	he limited liability company here:	
Eavenson, Fraser & Lunsford, PLLC		
	ds "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
	• • • •	
Enter new principal offices address, if applicab	ole:	
Principal office address MUST BE A STREET	ADDRESS)	
3.111.414 W. VALITY WENT DEV 12.22 2.22 2.22 2.22 2.22 2.22 2.22 2.		
Enter new mailing address, if applicable:		
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	r registered office address on our records, e	nter the name of the nes
registered agent and/or the new registered offic	<u>ce address here</u> :	
ar Car Burn La		
Name of New Registered Agent:		
New Registered Office Address:		
71011 130BiX214-4 72112-1 11-11-12-22	Enter Florida street address	
		•
	, Floric	IaZiv Code
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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

To: 18506176383 From: 19045671065 Date: 04/08/19 Time: 12:33 PM Page: 03/04

If amending Authorized Person(s) authorized to manage, enter the title, name, and address dicted 9001 1582763 or removed from our records:

MGR≃	Manager	
AMBR =	Authorized	Member

Title	Name	Address	Type of Action
MGR	Michael J. Ivan, Jr.	4230 Pablo Professional Court Suite 250	
		Jacksonville, FL 32224	■ Remove
			Change
			Add
			□ Remove
			☐ Change
			☐ Remove
			☐ Change
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an effective date is listed, the date must to other. If the date inserted in this block	ate of filing: e specific and cannot be prior to date of filing or more than % k does not meet the applicable statutory filing requires	(optional) 0 days after filing.) Pursuant to 605.0207 ments, this date will not be listed as
ocument's effective date on the Dep	artment of State's records.	
e record specifies a delayed The 90th day after the reco	effective date, but not an effective time, at d is filed.	
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Filing Fee: \$25.00