Pag 2 of 6 manda Sando Division rporz Florida Department of State **Division** of Corporations Electronic Filing 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. (((H15000028343 3))) H150000283433ABC-Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6363 From: Account Name : LECALZOOM.COM INC. 5 FN Account Number : I2001000062 Phone : (323)962-9600 HH 8: Fax Number : (323)962-3889 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **THREE JERG PROPERTIES, LLC**

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То:	To: Page 3 of 6		2/3/2015 2:17:50 PM PST		13239628300 From: Amanda Sando	
	02/02/2015 10:	33 MRMC	TimberRidge fD	(FAX) 3526712593	3 P. 001/004	

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: THREE JERG PROPERTIES, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

100 W. Broadway Suite 100

Address

Glendale, CA 91210

City/State and Zip Code

,

joandywalters@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 Imelda Vasquez
 at (______)
 962-8600 ext 7950

 Name of Person
 Area Code
 Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

Cartificate of Status

S55.00 Filing Fee & Certified Copy (additional copy is enclosed) ■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

	2/3/2015 2:17:50 PM	M PST	13239628300 From Amanda Sando
02/02/2015 10:33	MRMC TimberHidge ED	(FAX) 3526712593	E 1 1 . 202/00.4
	ARTICLES OF AMI TO	ENDMENT	2015 FEB -4 AM 8: 20
	ARTICLES OF ORG. OF	ANIZATION	ALLAHASSEE, FLORIGE
THREE JE	ERG PROPERTIES, LLC		11.1 ÷-
	(Name of the Limited Llability Company as it (A Floridu Limited Liability	now appears on our records.) Company)	
The Articles of Organizat Florida document number	ion for this Limited Liability Company were	filed on <u>12/02/2014</u>	and assigned
This amendment is submi	tied to amend the following:		
A. If amending name, e	nter the new name of the limited liability of	amoany here:	
		<u></u> /	
The new name must be diction	uishable and end with the words "Limited Liability Co		
The new multe must be distrig	ulsnable and end who line words "Limited Liability Co	inpany," the designation "LEC" or	the abbreviation "L.L.C."
	ces address, if applicable:	mpany." the designation "LLC" or	the abbreviation "J.,L.C"
Enter new principal offi		· · · ·	the abbreviation "J.L.C"
Enter new principal offi	ces address, if applicable:	· · · ·	the abbreviation "J, I, C "
Enter new principal offi <u>(Principal office address</u>	ccs address, if applicable:		
Enter new principal offi <u>(Principal office address</u>) Enter new mailing addre	ccs address, if applicable:		the abbreviation "J.I.,C"
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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 heing filed to merely reflect a change in the registered office address. Thereby 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 t Authorized M	the Managers or Author fember being added or 1	ized Member of removed from o	n our records, <u>enter t</u> ur records:	he title, name, and add	ress of each Manager or
MGR - Ma			<u></u>		
<u>]`itle</u>	Name		Address		Type of Action
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	D. If amending any othe	r information, enter change(s) here: 7411a	ch additional sheets, if necessary,)	
	E. Effective date, if other (The effective date must be s the date this document is fi	r than the date of filing:	(optional) mil cupnot he more thun 90 days ntice		
	Dated Fale	<u>, 2015</u>			
		aither Walter	1		
		Signature of Unternber or authorized rep Althea J Walt	ers		
		Typed or printed name of	Hisignee	<u>_</u> _	

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Filing Fee: \$25.00

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