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(Re	equestor's Name)	
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JUN 2 3 2015 S. YOUNG

COVER LETTER

TO: Registration S Division of Co			
United Pro	perties of Jax LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are	e submitted for filing.	
Please return all corres	spondence concerning this m	natter to the following:	
	Michal Piersztel		
		Name of Person	
	United Properties of Jax LI	LC	
		Firm/Company	
	142 Mill Creek Rd		
		Address	—————————————————————————————————————
	Jacksonville FL 32211		イ質 電 2第 2 1
		City/State and Zip Code	一
	Unitedpropertiesjax@Gmail	.com (to be used for future annual report r	notification)
For further information	concerning this matter, pleas	•	हिंस झ
Dorota Piersztel		904 5368911 at ()	
Name	of Person		Telephone Number
Enclosed is a check for	r the following amount:		
■ \$25.00 Filing 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 isenclosed)
Regist Divisio P.O. B	NG ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COURIEI Registration Sec Division of Corpo Clifton Building 2661 Executive Tallahassee, FL-36	tion rations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

United Properties of Jax LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited Lia	iny as it now appears on our records. ability Company)		
The Articles of Organization for this Limited Liability Company	y were filed May 1, 2015 and assigned		
Florida document number 15000077820	•		
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 comainords "Limited Liability	Company," the designation "LLC" or the abbreviation "L.U.C."		
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS			
_	도심을 제		
	22 1		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
	三二		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our <u>records, enter the name</u> of shere:		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	. Florida		
	City Zin 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 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 marter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Addres</u> s	Type of Action
AMBR	Dorota Piersztel	142 Mill Creek Rd	= Add
		Jacksonville FL 32211	□Remove
			Change
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ective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannot be prior to date ote: If the date inserted in this block does not meet the applicable staceument's effective date on the Department of State's records.	atutory filing requirements, this date will not be listed
record specifies a delayed effective date, but not an effecti The 90th day after the record is filed.	ve time, at 12:01 a.m. on the earlier of:
ated	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00