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.

(((H15000204506 3)))



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)617-6383

From:

Account Name

: FOLEY & LARDNER

Account Number: 072720000061

Fax Number

: (904)359-2000 : (904)359-8700

er the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JAX BEACH HOSPITALITY GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

AUG 2 6 2015

V OIH UP

Electronic Filing Menu

Corporate Filing Menu

Help

Fax Audit No H15000204506 ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

Jax Beach Hospitality Group LLC					
(<u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our records.) ited Liability Company)				
The Articles of Organization for this Limited Liability Company were filed on August 19, 2015		anc	and assigned		
Florida document number L15000140002					
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 I	.iability Company," the designation "LLC" or	the abbreviation	n "L.L.C	. 11	
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS	<u> </u>				
		<u></u>			
		િક્તા. જિલ્લ	뎘		
Enter new mailing address, if applicable:		## 17* 242 FW	- 23	* 4 * 1	
(Mailing address MAY BE A POST OFFICE BOX)	Name	#10 mile - m. i.e	<u>. Ky</u>	-78-1444 -18-1444	
	4	711-4			
		77			
B. If amending the registered agent and/or registere	d office address on our records, e	nter the na		the he	
registered agent and/or the new registered office address	nere:		2		
No are a CN and Dominion of A second		N#			
Name of New Registered Agent:					
New Registered Office Address:	Constitution of the second of	,			
	Enter Florida street address				
	, Floric	daZip C			
	City	Zip C.	oge		
New Registered Agent's Signature, if changing Registered Ag	ent;				

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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removes statistics records 0204506

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Gary Coleman	3009 Antigua Drive	□ Add
		Jacksonville Beach, FL 32250	Remove
			Change
MGR	Jay Dodson	102 6th Avc. N.	≌ Add
		Jacksonville Beach, FL 32250	☐ Remove
			□ Change
			Adıl
			Remave 55 A 25
			SSA 25 FIDADA AND SSA CONTRACTOR OF SSA CONTRACT
			Change
			Add
	•		☐ Remove
			☐ Change
			□ Remove
			☐ Change

		5	
	The state of the s	- E	
		25	
Management		Ŧ	֓֞֞֝֞֞֞֞֝֓֓֓֓֓֓֞֝֓֓֓֞֟֝֓֓֓֓֞֟֝֓֓֓֓֞֟֝֓֓֓֓֞֞֓֓֓֞֓֓֓
*****	ş-ii (r. S a lir	- 1	٠,
	<u> </u>	س	

Page 3 of 3

Filing Fee: \$25.00