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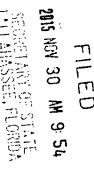
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PICK-UP	☐ WAIT	MAIL
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** COVER LETTER

Division of Corpor			
SUBJECT: AL		STRUCTION	L.L.C.
	Name of Limit	ed Liability Company	
The enclosed Articles of Am	endment and fee(s) are subn	nitted for filing.	
Please return all corresponde	nce concerning this matter to	o the following:	
		_	
	CHRIS HI	OOPER	
		Name of Person	
	ALL JAX CO	INSTRUCTION	J L.L.C.
		Firm/Company	
	727 CENTU	IRY POINT DE	RIVE E.
		Address	
	JACKSONVI	ILLE, FLORIC	DA 32216
	SOKATUMI	City/State and Zip Code 2012 a GMA1	L COM
-		be used for future annual repor	
For further information conc	erning this matter, please cal	II:	
CHRIS HOOF	ER	at (904) b1	2.6943
Name of Pe	rson	Area Code Da	sytime Telephone Number
Enclosed is a check for the fo	ollowing 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 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2015 NGV 30 AM 9: 54

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ALL JAX CONSTRUCTION L.L.C.

(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 Liability Company Florida document number <u>L15000160311</u> .	were filed on 9 21 2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	vility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	727 CENTURY POINT PRIVE E.
(Principal office address MUST BE A STREET ADDRESS)	JACKSONVILLE, FL 32216
Enter new mailing address, if applicable: (Mailing address MAY BE A PQST OFFICE BOX)	127 CENTURY POINT DRIVE E. JACKSONVILLE, FL 32216
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	
Name of New Registered Agent: CHR	US HOOPER
New Registered Office Address: 127 CE	Enter Florida street address
TUCKED	NILLE, Florida 32216 Zip Code
New Registered Agent's Signature, if changing Registered Agent:	L Commence of the commence of

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 removed from our records:

MGR = Manager AMBR = Authorized Member Title <u>Address</u> **Type of Action** <u>Name</u> JASON WARD MGR □ Add JACKSONVILLE, FL 32246 ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add □ Remove ☐ Change _□ Add □ Remove ☐ Change □ Add ☐ Remove

☐ Change

r	CHPIS	HOOPER	INDIVIDUALLY	OWNER / MANAGE
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fective date If the date	is listed, the date to e inserted in this	block does not mee	annot be prior to date of filing or mo	(optional) ore than 90 days after filing.) Pursuant to 60 g requirements, this date will not be lis
ord spe 90th da	cifies a delay ay after the r	red effective dat ecord is filed.	te, but not an effective t	ime, at 12:01 a.m. on the earli
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<u>x</u> _	-/"/ \	Signature of a me	mber or authorized representative	of a member

Page 3 of 3

Filing Fee: \$25.00