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COVER LETTER

TO:

TO: Registration Sec Division of Corp			
SUBJECT:	J. TORDAN FEL	LX, ESO. PLLC	
Source:		ited Liability Company	·-··
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	A. JORDA	N FELLX	
		Name of Person	
	A. JORDAN	FELLY ES W. PLL (Firm/Company	,
	P.O. BOX	40004	
		Addr e ss	222
	JACKSONVIL	18, FL 32203 City/State and Zip Code	773
		ELLY . LAW to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca		Ö.
A 75 0 04-1	Enly	0011 1103	1187
Name of		at (904) 403 Area Code Daytime	: Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	S60.00 Filing Fee,
X 523.50 X 7.1111.g Y 52	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	ς:	Street Address:	
Registration S	Section	Registration Sec	
Division of C P.O. Box 632	-	Division of Cor The Centre of T	
Tallahassee, I			e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H.JOKOAN FELIX, ES	ia Puc	
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar	y were filed on	and assigned
Florida document number <u>L 15000 176 957</u>	, ,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lia"	bility Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	1000 RIVERSIDE AVE.	
(Principal office address MUST BE A STREET ADDRESS)	SUITE 311 JACKSONVILE, FL 3220	
	JACKSONVILLE, FL 3220	4
		% ::3
Enter new mailing address, if applicable:		÷::
(Mailing address MAY BE A POST OFFICE BOX)		1
		.s
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter the nam</u>	e of the new register
Name of New Registered Agent:		
New Registered Office Address: 1000	RIVERSIDE AUG. SUITE 31 Enter Florida street address	<u> </u>
JACKSO	WVUと	32704
Now Designated Agent's Signature if changing Designated Ager		2 <i>ір Соа</i> е

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MOR	A. JURDAN FELIX	1000 RIVERSIDE AUE	□Add
		SUITE 311	□Remove
		JACKSONVILLE, FL 32204	X Change
			🗆 Add
			□Remove
			□Change
			□Add
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n effective o <u>te:</u> If the	date inserted in this b	e date of filing: ust be specific and cannot be prior to clock does not meet the applicable Department of State's records.	date of filing or more than 90 days	ptional) after filing.) Pursuant to 605.02 this date will not be listed
ecord specis filed.	ifies a delayed effectiv	ve date, but not an effective time	e, at 12:01 a.m. on the earlier of	(b) The 90th day after th
ted JA	windy 3,	Alen 14		
		Signature of a member or authoriz	ed representative of a member	
		A . JORDAN FELL Typed or printed in	· }	

Filing Fee: \$25.00