Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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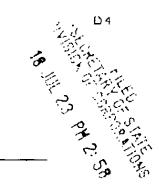
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FOX RIVER FINANCE, LLC

Certificate of Status	1
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(((H18000212152 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



FOX RIVER FINANCE, LLC

Fax Services

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)					
	Southin Limited Linkility Company wars filed on December 29, 2015	5			

The Articles of Organization for this Limited Li	ability Company	/ were filed on 📙	ecember 29, 2015	and assigned	
Florida document number 1.15000212933					
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liab	oility company h	ere:		
FOX RIVER, LLC					
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the	lesignation "LLC" or the abbr	eviation "L.L.C."	
Enter new principal offices address, if applic	able:	N/A			
(Principal office address MUST BE A STREE					
The fact office data ess proof 132 71 17 1812	1 111/1/11/12/15/				
Enter new mailing address, if applicable:		N/A			
(Mailing address MAY BE A POST OFFICE I	BOX)				
		<u> </u>	_ _ _		
registered agent and/or the new registered of Name of New Registered Agent:	N/A	<u>.e</u> :			
New Registered Office Address:					
		Enter Flo	rida street address		
			, Florida	, Florida Zip Code	
		City		Zip Code	
New Registered Agent's Signature, if changing R	legistered Agent:	-			
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registeing filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of this company has been notified in writing of the company has been notified in writing of this contents.	er and complete stered agent as p registered office	performance of provided for in (my duties, and I am far Thapter 605, F.S. Or, if	niliar with and this document is	
	II Cha	nging Registered A	gent, Signature of New Regi	stered Agent	

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2 PM Fax Services

If amending Authorized Person(s) authorized to manage, enter the fitte, name, and address of each person being added or removed from 2012 120152 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	John R. Crawford	1200 Riverplace Blvd, Suite 800	
		Jacksonville, FL 32207	■ Remove
			Change
AMBR	Elizabeth A. Carter/Crawford	1200 Riverplace Blvd, Suite 800	
		Jacksonville, FL 32207	■ Remove
			Charge
			☐ Remove
			Change
			Remove
			☐ Change
			Remove
			☐ Change
			□ Remove
			Change

Dated July 23 2013 Signature of a member or authorized representative of a member -R. Keni Chrley, Member/Manager Typed or printed name of signee

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