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NEROS ZONI J. HARRIS

COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	JTB of Jax,	LLC		
SCESE	<u></u>	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub		
		Kent H. Schmidt		
			Name of Person	
			Firm/Company	
		1003 Greenridge Road		
			Address	
		Jacksonville, Florida 3220	7	
			City/State and Zip Code	
		nvp@marksgray.com E-mail address: (to be used for firture annual report not	ification)
For fur	ther information co	oncerning this matter, please ca	all:	
Nichola	as V. Pulignano, Jı	т.	904 807-2105	
	Name of	Person		ne Telephone Number
Enclose	ed is a check for th	e following amount:		
□ \$2 5	5.00 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 exclosed)

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

File third

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JTB of Jax, LLC (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 were filed on and assigned Florida document number L16000020667 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SWQ Development, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: Mark T. Farrell 228 Canal Blvd., Suite 4: Place Vedra Beach: FL 32002 New Registered Office Address: Enter Florida street address , Florida 32082 Ponte Vedra Beach,

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

MGR = M AMBR = A	lanager .uthorized Member		
<u> Fitle</u>	Name	<u>Address</u>	Type of Action
			Add
			□ Remove
			Change
	<u></u>		Add
			☐ Remove
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_□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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- · · · · · · · · · · · · · · · · · · ·		
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Purs Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will redocument's effective date on the Department of State's records.	uant to 605. not be liste	0207 (3)(b) d as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on to the 90th day after the record is filed.	he earlie	r of:
Dated MARCH 27, 2017.	17 APR	AMSIGN SECR
/m a. hluno	<u>-</u> 2	FIARN FOF CO
Signature of a member or authorized representative of a member	2	Store S
Kent H. Schmidt Typed or printed name of signee	 —	Ä

Page 3 of 3

Filing Fee: \$25.00