116000024384

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 23, 2017

KEITH D. LENGER 100 NORTH LAURA ST #801 JACKSONVILLE, FL 32202

SUBJECT: JAX SFH PROPERTIES, LLC

Ref. Number: L16000024384

We have received your document for JAX SFH PROPERTIES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 617A00005612

Yasemin Y Sulker Regulatory Specialist II PR-4 PH 2: 12

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JAX SFH Properties, LLC					
(<u>Name of the Limi</u>	ted Liability Compa (A Florida Limited)	i <mark>ny as it now appears on ou</mark> Liability Company)	r records.)		
The Articles of Organization for this Limited L Florida document number L16000024384	iability Company	were filed on $\frac{2/4/2016}{}$		and ass	signed
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	f the limited liab	ility company here:			
The new name must be distinguishable and contain the v	words "Limited Liabil	lity Company," the designation	on "LLC" or the abb	reviation "L	L.C."
Enter new principal offices address, if applie	cipal offices address, if applicable: 100 N Laura St, #801				
(Principal office address MUST BE A STREET ADDRESS)		Jacksonville, FL 32202			
Enter new mailing address, if applicable:		100 N Laura St #801			
(Mailing address MAY BE A POST OFFICE BOX)		Jaccksonville, FL 3220	2		
				=	
B. If amending the registered agent and registered agent and/or the new registered o			ecords, enter t	he name	of the new
		_	ئىر. 1		- P*
Name of New Registered Agent:	Fairbanks Law	Group, P.L. C/O Randal F	airbanks	19	2019 1947
New Registered Office Address:	113 Nature Wal	k Parkway, STE 103		(S)	
- -		Enter Florida stree	t address		
	St. Augustine		, Florida ³²⁰⁹	92	
		City		Zip Code	

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 added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
			Change
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The amendment is being record	led on JAX SFH Proper	ties, LLC's corp	orate registration	to indicate o	n public	;	
record that JAX Holding, LTD	is 100% owner of JAX	SFH Properties	, LLC.		•		•
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fective date, if other than the d	ate of filing:	rior to date of filin	g or more than 90 d	(optional) ovs after filing	Pursua	cro nt to 605	5.02
ote: If the date inserted in this bloc ocument's effective date on the Dep	ck does not meet the app	licable statutory	filing requireme	nts, this date	will no	t be list	ed :
realism 5 effective date on the 190							
record specifies a delayed		not an effect	ive time, at 1	2:01 a.m.	on the	e earli	er
The 90th day after the reco	d is filed.						
5 c. d. 15d	2017)				
March 15th							
ated March 15th	,						

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Filing Fee: \$25.00