## 1160000048493

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(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
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**S Warren** NOV 0 9 2016

## **COVER LETTER**

TO:	Registration Sec Division of Corp			
SUBJE	JAX CORN			
3000	ECT:		ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		ERIN E WOLLETT		
			Name of Person	
		WRIGHT & CASEY P.A.		
			Firm/Company	
		340 N CAUSEWAY		
			Address	
		NEW SMYRNA BEACH,	FL 32169	
			City/State and Zip Code	
		E-mail address: (1	to be used for future annual report notif	ication)
For fur	rther information c	oncerning this matter, please ca	all:	
ERIN	E WOLLETT		386 428-3311	
	Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclos	sed is a check for th	ne following amount:		
<b>\$</b> \$2	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 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

JAX CORNER LLC			
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears of d Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Compa Florida document number $\frac{L16000048493}{L16000048493}$	ny were filed on 03/08	3/2016	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here	2:	
The new name must be distinguishable and contain the words "Limited Li-	ability Company," the desi	gnation "LLC" or the abl	previation, "L.L.C."
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 registered agent and/or the new registered office address h		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			<del></del>
New Registered Office Address:			
	Enter Florid	a street address	
		, Florida	Zip Codc
	City		Zip Codc
New Registered Agent's Signature, if changing Registered Age	nt:		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered off company has been notified in writing of this change.	ete performance of n as provided for in Ch	ny duties, and I am frapter 605, F.S. Or, confirm that the lin	amiliar with and if this document is thed liability
		رک <sup>سی</sup> درگ	<del></del>

Page 1 of 3

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' 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	WINTHROP R KNIGHT	6861 TURTLEMOUND ROAD	
		NEW SMYRNA BEACH, FL 321(	□ Remove
			■ Change
AMBR	WINTHROP R KNIGHT	6861 TURTLEMOUND ROAD	<b>=</b> Add
		NEW SMYRNA BEACH, FL 3216	□ Remove
			☐ Change
		<del></del>	☐ Remove
		·	Change
			Add
			□ Remove
			Change
			Add
		TARY OF STAIGA	Change
		ORIDA	Acceptable
		÷	☐ Change

AMENDED TO BE THE SOLE A	UTHORIZED MEMBER.	
	,	
tive date, if other than the date	of filing:	(optional)
	oes not meet the applicable statutory filing requi	
ment's effective date on the Departs	nent of state's feedings.	
	ective date, but not an effective time,	at 12:01 a.m. on the earli
e 90th day after the record is	s filea.	
NOVEMBER 3	2016	
	2. DOREN	
1 / 1		7 +

Page 3 of 3

Filing Fee: \$25.00

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