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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ROGERS, TOWERS, BAILEY, ET AL

Account Number: 076666002273

Phone : (904)398-3911

Fax Number

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

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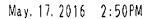
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RECORD ED				
(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L16000088977	were filed on May 10, 2016 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	2538 River Rd			
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 32207			
Enter new mailing address, if applicable:	2538 River Rd			
(Mailing address MAY BE A POST OFFICE BOX)	Jacksonville, FL 32207			
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	Enter Florida street address			
	City Plorida Zip Code			
New Registered Agent's Signature, if changing Registered Agent: I have by govern the consistency as registered agent and gor	₩ o			

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 = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	RummellMunz Equity, LLC	2538 River Rd	™ Add
		Jacksonville, FL 32207	□ Remove
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			Remove
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