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COVER LETTER

TO: Registration So Division of Con			
	operties Florida, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	J. Edgar Akridge, Jr.		
		Name of Person	
	Attorney at Law		
		Firm/Company	
	1018 Thomasville Road, S	uite 200-D	
		Address	
	Tallahassee, FL 32303		
		City/State and Zip Code	
	jea@akridgelaw.net		
	E-mail address: (to be used for future annual report notific	cation)
For further information of	concerning this matter, please co	all:	
J. Edgar Akridge, Jr.	(850 894-1031 at ()	
Name o	of Person		Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 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

JD Real Properties Florida, LLC	
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar	ny were filed on June 08, 2016 and assigned
Florida document number L16000111176	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	TILED CONTRACTOR
Enter new mailing address, if applicable:	3 3 3
(Mailing address MAY BE A POST OFFICE BOX)	
	office address on our records, enter the name of the new
registered agent and/or the new registered office address he	ere:
Name of New Registered Agent:	
New Registered Office Address:	
ì	Enter Florida street address
	, Florida
	City Zin 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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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ctive date, if other	d the date mus	be specific an	d cannot be price	r to date of filing	or more than 9	(optional) days after filin	g.) Pursuant to 6	05.0207 (
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d October 25		$\angle \Delta$	2016					
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X >>	\times	Signature of a	member or aut	orized represent	ative of a mem	oar	***	
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Page 3 of 3

Filing Fee: \$25.00