To: (850)617-6383,28863

Page: 10/13

Date: 9/15/2016 11:17:12 AM

From: GFI FaxMaker

To: (850)6176386,28863

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Date: 7/29/2016 3:20:42 PM



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: MARKS GRAY, P.A. Account Name Account Number : I20040000191

Phone

: (904)398-0900

Fax Number

: (904)399-8440

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

Rmail Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JEPPESEN GROUP, LLC

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| \$25.00 |
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Electronic Filing Menu

Corporate Filing Menu

Help

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Jeppesen Group, LLC  |  |
|--|--|
| (Name of the Limited Liability Company as it no<br>(A Florida Limited Liability Co   | r appears on our records.)<br>mpany)                   |
| The Articles of Organization for this Limited Liability Company were file            | i on and assigned                                      |
| Florida document number L16000115858   |  |
| This amendment is submitted to amend the following:                                  |  |
| A. If amending name, enter the new name of the limited liability com                 | pany here:   |
| The new name most be distinguishable and contain the words "Limited Liability Compar | y," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:                                  |  |
| (Principal office address MUST BE A STREET ADDRESS)                                  |  |
| ·  |  |
|  | S S  |
| Enter new mailing address, if applicable:  |  |
| (Mailing address MAY BE A POST OFFICE BOX)   | <u> </u>   |
| ·  |  |
| B. If amending the registered agent and/or registered office address here:           | ress on our records, enter the name of the ner         |
| Name of New Registered Agent:  |  |
| New Registered Office Address:   |  |
| •  | Enter Flortda street address                           |
| Clay   | , Florida  |
| 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, Skenature of New Registered Agent

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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

| Title        | Name                | Address                          | Type of Action |
|--------------|---------------------|----------------------------------|----------------|
| MBR          | John R. Crawford    | 1200 Riverplace Bivd., Suite 800 |                |
|              |                     | Jacksonville, FL 32207           | E Remove       |
|              |                     |                                  | ☐ Change       |
| MBR          | Elizabeth A. Carter | 1200 Riverplace Blvd., Suite 800 | Add            |
|              |                     | Jacksonville, FL 32207           | ■ Remove       |
|              | •                   |                                  | ☐ Change       |
| ************ |                     |                                  | D Add          |
|              | •                   |                                  | ☐ Remove       |
|              |                     |                                  | Changer        |
|              |                     |                                  | SEP 15 Remove  |
|              |                     |                                  | - Remove       |
|              |                     |                                  | O Add          |
|              |                     |                                  | □ Remove       |
|              |                     |                                  | Change         |
|              | ·                   |                                  | C Add          |
|              |                     |                                  | Remove         |
|              |                     |                                  | Change         |

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Filing Fee: \$25.00

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Randy Jeppesen, Manager