

L1600015858

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : MARKS GRAY, P.A.
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.****

Email Address: ecarter@marksgray.com

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

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

2016 SEP 15 PM 12:06

TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

16 SEP 15 AM 10:17

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Jeppesen Group, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/17/2016 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 company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida

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

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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>	<u>Address</u>	<u>Type of Action</u>
MBR	John R. Crawford	1200 Riverplace Blvd., Suite 800	<input type="checkbox"/> Add
		Jacksonville, FL 32207	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Elizabeth A. Carter	1200 Riverplace Blvd., Suite 800	<input type="checkbox"/> Add
		Jacksonville, FL 32207	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

(b) The 90th day after the record is filed.

July 29
S.D.

Signature of a member or authorized representative of a member

Randy Jeppesen, Manager

Typed or printed name of agent

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SOUTHERD DISTRICT OF FLORIDA
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