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COVER LETTER

TO:

Registration Section

Division of C	Corporations		
Jax RV SUBJECT:	And Mobile Home Sales LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	of Amendment and fee(s) are sub	-	
Please return all corre	spondence concerning this matter	to the following:	
	Chris Funk		
		Name of Person	
		Firm/Company	
	5711 Richard St Ste 1		
		Address	
	Jacksonville, FL 32216		
•		City/State and Zip Code	
	leslie.adamson@investmen		ore¶ maga
	E-mail address: (to be used for future annual report notifica	ation)
For further informatio	n concerning this matter, please ca	all:	
Chris Funk		904 517-5939 at ()	
Nam	ne of Person	Area Code Daytime T	elephone Number
Enclosed is a check fo	or the following amount:		ري
■ \$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)
Reg Div P.O	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, FL 32314	STREET/COURIER Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ions er Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jax RV And Mobile Home Sales LLC		
(Name of the Limited Liability Company as it now at (A Florida Limited Liability Compa	opears on our records.) any)	
The Articles of Organization for this Limited Liability Company were filed or	n 9/1/2016	and assigned
Florida document number L16000164911		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compan	ny here:	
The new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	C 2
(Mailing address MAY BE A POST OFFICE BOX)	' *y · · ·	
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<u>*</u>	(1)	1 / 4
B. If amending the registered agent and/or registered office address	s on our records, <u>enter t</u>	
registered agent and/or the new registered office address here:	•	
	1-1	مين. م
Name of New Registered Agent:		
New Registered Office Address:		
Ente	r 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	FCRIF Asset Management LLC	5711 Richard St	
· .		Jacksonville, FL 32216	■ Remove
			Change
MGR	Mark Kornutik	Mayview Rd	Add
		Jacksonville, FL 32210	Remove
			☐ Change
			Add
			Remove
			El:Change
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			Up \
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			Change
			Add
			□ Remove
			□ Change

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Filing Fee: \$25.00