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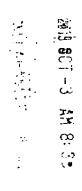
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PICK-UP	WAIT MAIL
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Certified Copies	Certificates of Status
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COVER LETTER

	gistration Sect						
Div	ision of Corpo	AFOX GROUP, LLC		ŵ.			
SUBJECT:			ited Liability Company				
			, , ,				
The enclosed	I Articles of A	mendment and fee(s) are sub-	mitted for filing.				
Please return	all correspond	lence concerning this matter	to the following:				
		JAMES W. DILLARD, SE	₹.				
		<u></u>	Name of Person	<u></u>			
			Firm/Company				
		815 S. PALAFOX STREE	PALAFOX STREET, THIRD FLOOR				
		PENSACOLA, FL 32502					
		norchien@sournest	 ,				
		RBECKISH@SOUTHPAL E-mail address: (APOX.COM to be used for future annual report notifica	ition)			
For further i	nformation con	cerning this matter, please ca	all:				
RICHARD	BECKISH. JR		850 777-3100 at ()				
	Name of I	erson	Area Code Daytime T	elephone Number			
Enclosed is	t check for the	following amount:					
□ \$25.00 I	Filing Fee	■ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting 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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AKTICLES OF O	RGANIZATION	2
Ol	4	To the second second
SOUTH PALAFOX GROUP, LLC		
(Name of the Limited Liability Compar (A Florida Limited I.	y as it now appears on our records.) ability (Company)	and assigned
The Articles of Organization for this Limited Liability Company	were liled on	and assigned ್ನ
Florida document number 1.16000205747		:
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered off	ice address on our records, ent	er the name of the new
registered agent and/or the new registered office address here	· · · · · · · · · · · · · · · · · · ·	
Name of New Registered Agent:		
Name Burnistana I Office Address		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	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 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	MARK L'HOMMEDIEU	815 S. PALAFOX STREET. THIRD FLOOR	⊒ Add
		PENSACOLA, FL 32502	□ Remove
			Change
			Remove
			Change
			☐ Remove
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ffecti an eff	ive date, if oth	her than the	date of filin	g:d cannot be prid	or to date of filing	or more than 9	(optional) 0 days after filing	.) Pursuant to 605.01
ocum	if the date thse sent's effective	date on the D	ock does not r epartment of S	neet the appli State's record	icable statutory s.	filing require	ments, this date	will not be listed
e rec The	cord specifie 90th day af	s a delayed ter the rec	l effective ord is filed.	date, but n	ot an effecti	ve time, at	12:01 a.m.	on the earlier
ated .	OCTOBER 2		M	2019	<u> </u>			
	OCTOBER 2	ter the rec	ord is filed.		$\overline{}$			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00