

6/3/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H21000220626 3)))



H210002206263ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : EAVENSON, FRASER & LUNSFORD, PLLC
Account Number : I20140000035
Phone : (904)567-1162
Fax Number : (904)567-1065

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

Email Address: sarah@efli.law

2021 DEC -3 PM 12:58

STATE OF FLORIDA
DIVISION OF CORPORATIONS

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PORT JAX II, LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$25.00 |

STATE OF FLORIDA
DIVISION OF CORPORATIONS

2021 Nov-3 PM 1:22

FILED

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

UH
1/1

4250 FIELD PROFESSIONAL CT SUITE 250
JACKSONVILLE, FLORIDA 32234

T 904 567 1062
F 904 567 1065



EAVENSON
FRASER &
LUNSFORD

2000 PEA BLVD SUITE 3200
PALM BEACH GARDENS, FLORIDA 33408

T 561 626 1011
F 561 626 1042

December 3, 2021

Via Facsimile (850-617-6383)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

**Re: L17000120754; Port Jax II, LLC/Port Jax 1100, LLC
Articles of Amendment – Name Change**

To whom it may concern:

Enclosed, please our original filing and fax cover page from **June 3, 2021** of the Articles of Amendment for the above-referenced entity. I called today and was instructed to re-submit this by fax and that the original filing date of **June 3, 2021** would be honored. Please make the "effective date" of this filing the original date of submission. **June 3, 2021**.

Should you have any questions and/or comments, you may reach me directly at (904) 425-9975.

Best regards,

Sarah Hoffman
Paralegal

Enclosures

2021 DEC -3 PM 12:59

TALLAHASSEE, FLORIDA

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

PORT JAX II, 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 June 02, 2017 and assigned
Florida document number L17000120754.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Port Jax II, LLC

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

_____, 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 Changing Registered Agent, Signature of New Registered Agent

FILED
2021 JUN -3 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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> |
|--------------|-------------|----------------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| | | _____ | <input type="checkbox"/> Remove |
| | | _____ | <input type="checkbox"/> Change |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| | | _____ | <input type="checkbox"/> Remove |
| | | _____ | <input type="checkbox"/> Change |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| | | _____ | <input type="checkbox"/> Remove |
| | | _____ | <input type="checkbox"/> Change |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| | | _____ | <input type="checkbox"/> Remove |
| | | _____ | <input type="checkbox"/> Change |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| | | _____ | <input type="checkbox"/> Remove |
| | | _____ | <input type="checkbox"/> Change |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| | | _____ | <input type="checkbox"/> Remove |
| | | _____ | <input type="checkbox"/> Change |

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

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated June 02 2021

Signature of a member or author

William T. Spinner

William T. Spinner

Typed or printed name of signee

2021Ftn-3 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
3