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J. HARRIS

COVER LETTER

TO:	Registrati Division o				1			
enbie		house 31	Jax Landing LLC					
SUBJE	C1:		Name of Limi	ited Liabilit	y Company	··· —		
The enc	losed Artic	les of Am	endment and fee(s) are sub-	mitted for t	filing.			
Please r	eturn all co	rresponde	ence concerning this matter	to the follo	owing:			
			Robert A. Heekin			l		
				Nam	e of Person			
			Law Office					
				Firm	/Company			
			1 Sleiman Parkway, Suite 2	280				
				ر _د	Address			
			Jacksonville, FL 32216					
			rob@heekinlaw.com	City/State	e and Zip C	ode		
		-		to be used fo	or future and	 nual report notificati	ion)	
For furt	her informa	ntion conc	erning this matter, please ca	all:				
Robert	A. Heekin			ot (904	636-9777		
		lame of Pe	rson	at (Area Code	Daytime Te	lephone Number	
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			ollowing amount:				_	
■ \$ 25	.00 Filing F	iee	□ \$30.00 Filing Fee & Certificate of Status	Cer	00 Filing F tified Copy itional copy t	y	S60.00 Filing Certificate of Certified Cop (additional copy	Status &
	R D P	Registratio Division o P.O. Box 6	G ADDRESS: on Section f Corporations 6327 e, FL 32314		Regis Divis Clifto 2661	EET/COURIER stration Section sion of Corporatio on Building Executive Center hassee, FL 32301	ns	

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

Warehouse 31 Jax Landing LLC					<u> </u>	
(Name of the Limit	ted Liability Compa (A Florida Limited I	ny as it now aj Jiability Compi	opears on our record any)	<u>ls.</u>)		
The Articles of Organization for this Limited L	iability Company	were filed o	June 21, 2017	· - · · · - · · - · · · · · · · · · · ·	and as	signed
This amendment is submitted to amend the foll	owing:					
		:1:4	bana			
A. If amending name, enter the new name o	i the limited had	mty compar	<u>ry nere</u> :			
Warehouse 31 Jacksonville LLC The new name must be distinguishable and contain the v		lin Campany "	the decimation "LLC	or the abbrev	iation "I	L.C."
		N/A	the designation 1935	or the above.		,,,,,
Enter new principal offices address, if applie		-				
(Principal office address MUST BE A STREE	<u>:TADDRESS)</u>			<u> </u>	2	
				<u> </u>	ווע	1
Enter new mailing address, if applicable:		N/A		<u> </u>	24	- Inde
(Mailing address MAY BE A POST OFFICE BOX)			.	۳٦ <u>ς</u> .	_ _	Pepu
				<u> </u>	<u> </u>	yemak.
		ŀ		ş. Ş.	32	•
B. If amending the registered agent and registered agent and/or the new registered o	or registered of	ffice addres e:	s on our record	ls, enter the	name	of the nev
registered agent and/or the new registered o	THE UNION SERVICE					
Name of New Registered Agent:	N/A					
New Registered Office Address:	N/A	l				
New Neglinerea Office Hadress.		Ente	r Florida street addre	SS		
			. F	lorida		
		City			Zip Code	•
New Registered Agent's Signature, if changing	Registered Agent:					
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	per and complete istered agent as _i registered office	performano provid e d foi	ce of my duties, a · in Chapter 605,	nd I am fam F.S. Or, if t	iliar w his doo	ith and :ument is
		T.				

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 **Type of Action Address** <u>Title</u> <u>Name</u> N/A N/A N/A □ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change _□ Add ☐ Remove ☐ Change _□ Add _□ Remove ☐ Change _□ Add _□ Remove 100 AUG Remove PH Charlege 32

N/A		<u> </u>	
			
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	te of filing:	(opti	ional)
ffective date, if other than the da	amonific and sound be neighted date	or ming or more man 50 days and	
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ffective date, if other than the data an effective date is listed, the date must be lote: If the date inserted in this block ocument's effective date on the Departure record specifies a delayed of The 90th day after the record	specific and cannot be prior to date does not meet the applicable state is records. ffective date, but not an e	atutory filing requirements, thi	
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