117000179586

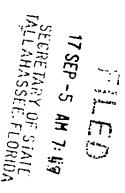
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300303307543

09/05/17:-01031--018 **25.00



SEP 0 6 2017 J SHIVERS

COVER LETTER

	egistration Sec ivision of Corp				
SUBJECT		JAX HOLDINGS ELC			
SOBJECT	·	Name of Lim	ited Liability Company		
The enclos	ed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please retu	m all correspo	ndence concerning this matter	to the following:		
		ANDREW OCEAN			
			Name of Person		
		UNITED BRANDS			
Firm/Company					
		6260 C DUPONT STATIC	ON COURT EAST		
			Address		
		JACKSONVILLE FL 323	217		
			City/State and Zip Code		
		ANDREWOCEAN@UNIT	EDBRANDS.BIZ to be used for future annual report notifi	cation)	
For further	information co	oncerning this matter, please ca	·		
ANDREW	OCEAN		904 389-0000 at ()		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is	s a check for th	e following amount:			
\$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)	

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLUE SKY JAX HOLDINGS 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 tiled on AUGUST 22, 2017 and assigned Florida document number L17 000179586 L17000179586 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 Florida Cirv

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.

New Registered Agent's Signature, if changing Registered Agent:

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>	<u>Name</u>	Address	Type of Action
MGR	ANDREW OCEAN	6260 DUPONT STATION CT E	
		SUITE C	■ Remove
		JACKSONVILLE FL 32217	
MGR	MGR KOTESWARI KANCHA	10036 DEER CREEK CLUB RD E	= Add
			Remove
		JACKSONVILLE FL 32256	
MGR	RAVI KANCHA	10036 DEER CREEK CLUB RD E	_ ■ Add
		JACKSONVILLE FL 32256	Remove
			Change
			Add
			Remove
			Change
			Remove
			☐ Change
			Remove
			□ Change

		— — —
		— — —
		<u> </u>
		
	_ -	
		_
	>22	<u>.</u> , ,
	TAS IAS	<u> </u>
··	S	
<u> </u>		
	0 F A	<u>-</u>
	N N N	
<u> </u>		•
 		
(opti	onal)	
ne, at 12:01 a	a.m. on the e	arlier of
)	
au.		
	e than 90 days after requirements, thi	(optional) e than 90 days after filing.) Pursuant to requirements, this date will not be the property of the p

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00