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April 26, 2018

RANDALL K ERLER 3604 UNIVERSITY BLVD S STE 202 JACKSONVILLE, FL 32216

SUBJECT: MCCALL & ERLER LLC

Ref. Number: L17000255008

We have received your document for MCCALL & ERLER LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L17000119947 - ACCU LAB, LLC.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Brittany M Figueroa Regulatory Specialist II Registration/Qualification Section

Letter Number: 318A00008585

MC CALL & ERLER LLC

Attorneys at Law

Randall K. Erler C. James McCall

3604 University Blvd. South, Suite 202 Jacksonville, Florida 32216 (904) 425-4500 (904) 425-4501 Fax

April 16, 2018

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

SUBJECT:

McCall & Erler LLC

Florida Document Number L17000255008

Dear Madam/Sir:

The enclosed Articles of Amendment are submitted for filing. Also, please find an enclosed a check in the amount of \$25.00 to cover the filing fees.

For further information regarding this matter, please call me on my cell at 904-254-2988.

Thank you,

Sincerely,

Randall K. Erler

Enclosure

COVER LETTER

TO: Registration Se Division of Con			
SUBJECT:	MCCALL & Name of Lim	ERLER LLC ited Liability Company	2018 MAY - 9 AM 10: 04 DEPARTMENT OF STATE DIVISION OF CORPORATION TALL AHASSEE, FLORE
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	NI OF SEEL FOR
Please return all correspondence	ondence concerning this matter	to the following:	25 St. 00 01 11 11 11 11 11 11 11 11 11 11 11
	TANDAU	Name of Person	
	ERLER	Firm/Company	
	1166 50	Address Civile	
	Ponte Ve	ara Beach, Fl City/State and Zip Code	32082
	Candy C E-mail address: (Melawyax . com to be used for future annual report notif	ication)
For further information of	concerning this matter, please co	all:	
TAN DALL	FREEIZ Of Person	at (<u>404</u>) <u>425.4</u> Area Code Daytime	7 500 Telephone Number
Enclosed is a check for t	he 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:

TO:

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 Tallahassee, FL 32301

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

MCCDLL & (Name of the Limited	ERLER LLC Liability Company as it now appears on o Florida Limited Liability Company)	ır records.)
The Articles of Organization for this Limited Liab Florida document number <u>L1700035</u>		and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of t	ne limited liability company here:	
JAX LABS LLC		
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ile:	A.c. 28
ter new principal offices address, if applicable: **incipal office address MUST BE A STREET ADDRESS** **ADDRESS** **ADD	· (;	
		35 ×
		Cition ***
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	3Y)	
Comming whereas fairly DE711 OBT OTTICE DO	<u> </u>	51 &
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the new
Name of New Registered Agent:		·
New Registered Office Address:	Porte Vedra Beach	ee address
	Points Vidva Beach	- Florida 32082
	City	Zip Code
New Registered Agent's Signature, if changing Re-		

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 or removed for	Authorized Person(s) authorized to n	nanage, <u>enter the title, name, an</u>	d address of each person being added		
MGR = Manager AMBR = Authorized Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
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			Remove		
			Change		
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docum	it selective date on the	Department of	State's recor	us.				
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Page 3 of 3

Filing Fee: \$25.00