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(R	equestor's Name)						
(A	ddress)						
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PICK-UP	WAIT	MAIL					
(Bo	usiness Entity Name)						
(Document Number)							
Certified Copies	Certificates of	Status					
Special Instructions to Filing Officer:							

Office Use Only



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DEPARTMENT OF STATE ACCOUNT FILING COVER SHEET

Account Number	FCA00000017	
Date:	5-30-18	
Requestor Name:	Carlton Fields	
Address:	Post Office Drawer 190 Tallahassee, Florida 32302	
Telephone:	(850) 513-3619 - direct (850) 224-1585	
Contact Name:	Kim Pullen, CP, FRP	
Corporation Name:	JEC Vacation	Properties, LLC
Email Address: Entity Number: Authorization:	LIBOOOD Vin Pull	62777 Len
Certified Copy New Filings Fictitious Name	Plain Stamped Copy Amendments	Certificate of Status Annual Report Registration
(X)Call When Ready (X)Walk In	(X)Call if Problem ()Will Wait	() After 4:30 (X) Pick Up

CF Internal Use Only
Client: 23271 Matter: 81317
Name: Linnan Office: TLH
9501656.4

DEPARTMENT OF STATE ACCOUNT FILING COVER SHEET

Account Number Date:	FCA00000017 5-30-18							
Requestor Name:	Carlton Fields							
Address:	Post Office Drawer 190 Tallahassee, Florida 32302							
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Corporation Name:	JEC Vacation	Properties, LLC						
Email Address:								
Entity Number:	L180000	62777						
Authorization:	fin Full	en						
Certified Copy New Filings Fictitious Name	Plain Stamped Copy Amendments	Certificate of Status Annual Report Registration						
(X) Call When Ready	(X) Call if Problem	() After 4:30						
(X) Walk In	()Will Wait	(X) Pick Up						

Client: 23271 Matter: 81317

Name: Linnan Office: 17_H

9501656.4

CF Internal Use Only

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JEC VACATION PROPERTIES.	LLC		
(Name of the Lim	(A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Florida document number	and assigned		
This amendment is submitted to amend the following	llowing:		
A. If amending name, enter the new name	of the limited lia	bility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liab	oility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	N/A	2016
(Principal office address MUST BE A STRE	ET ADDRESS)		
			-
Enter new mailing address, if applicable:		N/A	THE PERSON NAMED IN COLUMN 1
(Mailing address MAY BE A POST OFFICE BOX)		-	25. Q
B. If amending the registered agent and registered agent and/or the new registered	d/or registered of office address he	office address on our records, <u>e</u> <u>re</u> :	nter the name of the ne
Name of New Registered Agent:	N/A		
New Registered Office Address:			
		Enter Florida street address	
		, Florid	a
	<u> </u>	Cin	Zin 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

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
AMBR	DEBORAH L. DEAL	6410 CONFER COVE COURT	Add
		JACKSONVILLE, FL 32218	Remove
			Change
AMBR	GERALDINE A. COCHRAN	8597 LITTLE SWIFT CIRCLE	
		JACKSONVILLE, FL 32256	☐ Remove
			Change
			
			🗆 Remove
			Change
			🖸 Add
			Remove
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Page 3 of 3

Filing Fee: \$25.00