L18000099986

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COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT: COM	1 Munity Ch Name of Lim	UST of Jax L nited Liability Company	<u>lC</u>
The enclosed Articles of Am	endment and fee(s) are sub	omitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
	Clint	Frazili Name of Person	
		Name of Person	
		Firm'Company	
	3863 0	Chasing Falls	Rd.
	Olange	Park, FL 32 City/State and Zip Code	065
-	Clinton. E-mail address: (RFF 6 6 mail. 4	ication)
For further information conce			·
Clinton	Frazili	at (40b) 70 c Area Code Daytime	1-9077
Name of Pe	rson	Area Code Daytime	: Telephone Number
Enclosed is a check for the fo			
\$25.00 Filing Fee E	□ \$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 Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited 1.	iability Company as it now appears on londa Limited Liability Company)	Our records.)
The Articles of Organization for this Limited Liabil Florida document number <u>L1800099</u>	ity Company were filed on $\underline{\mathcal{Y}}$	(20/20/8 and assigned
This amendment is submitted to amend the following	ıg:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	:	ation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u> </u>	AN D: 57
B. If amending the registered agent and/or registered agent and/or the new registered office		r records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	trect 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

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	Blake Kerivel	loste vella Black, FL 300	
		Ponte vella Brack, FL 320	82 A Remove
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