118000182136

(Re	questor's Name)	
(Ād	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

Division of Corporations MILPGA, LLC BAFECT:			
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The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	J. Malcolm Jones, III		
		Name of Person	
		Firm/Company	
	3625 Hendricks Avenue		
		Address	
	Jacksonville, Florida 3220	7	
	•		Tantium)
For further information (ication)
J. Malcolm Jones, III		904 398-4775	
Name o	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

JMJ LPGA, LLC		
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number 1.18000182136	Company were filed on <u>07/30/2018</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		3 01 0
(Principal office address MUST BE A STREET ADD	DRESS)	A.C.
		- 0.4 4.0.4 4.0.4 1.0.4
		COR
Enter new mailing address, if applicable:		RPOR S
(Mailing address MAY BE A POST OFFICE BOX)		S ATTE
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		nter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Floric	
	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>Tifle</u>	<u>Name</u>	Address	Type of Action
MBR	JMJ CAPITAL HOLDINGS, LLC	3625 Hendricks Avenue	Add
		Jacksonville, Florida 32207	□ Remove
			Change
MBR	J. Malcolm Jones, Jr.	3625 Hendricks Avenue	Add
		Jacksonville, Florida 32207	Remove
			☐ Change
			☐ Remove
			Change
			Add
			Remove
			Change
			□ Add
			☐ Remove
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			Add
		 	☐ Remove
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ote <u>:</u>	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will		
ocum	ent's effective date on the Department of State's records.		
rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on t	he earlie	rc
	90th day after the record is filed.	and dame	
	•		
ated	August 1 2018		
	× 1/25 ===		
	August 1 2018 Signoure of a member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00