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COVER LETTER

TO:	Registration Se Division of Cor					
		erties Florida, LLC				
SUBJ	ECT:	Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub indence concerning this matter			corrections have been made online.	
		Sandra L. Morgan		this is	to correct Articles	of
		Ansbacher Law, P.A.	Name of Person	Organiza	ation.	
		Alisbacher Law, F.A.				
		8818 Goodbys Executive D	Firm/Company Orive			
		Jacksonville, FL 32217	Address			
		sunbizensbacher.net	City/State and Zip Coc	le		
		E-mail address: (to be used for future annu	al report notifica	ution)	
For fi	irther information c	oncerning this matter, please ca	all:			
Sand	ira L. Morgan			737-4600		
	Name o	f Person	at () _ Area Code	Daytime T	elephone Number	
Enclo	sed is a check for the	he following amount:				
S	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fe Certified Copy (additional copy is		☐ \$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

JNV Properties Florida, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	inv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 9/07/2018	and assigned
Porida document number L18000218101 .		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
	<u></u> ;	
he new name must be distinguishable and contain the words "Limited Liabi	- , -	.,
Enter new principal offices address, if applicable:	2533 CROOKED CREEK PT	
Principal office address MUST BE A STREET ADDRESS)	MIDDLEBURG, FL 32068	
		1: 33 1: 33
Enter new mailing address, if applicable:	2533 CROOKED CREEK PT	度n G
Mailing address MAY BE A POST OFFICE BOX)	MIDDLEBURG, FL 32068	
	···	
 If amending the registered agent and/or registered or registered agent and/or the new registered office address her 		ter the name of the
egistered agent and/or the new registered with address of the	<u>-</u> .	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid:	a
	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
			Add
			Remove
		2533 CROOKED CREEK PT MIDDLEBURG, FL 32068	Change
MGR	James M. Babb		
			□ Remove
			⇒ ■.Change
MGR	Veronica Babb	2533 CROOKED CREEK PT MIDDLEBURG, FL 32068	
			Hange
			□ Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			Change
			□ Remove
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Filing Fee: \$25.00