L19000011182

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : DUSS, KENNEY, SAFER, HAMPTON & JOOS, P.A.
Account Number : I20090000089
Phone : (904)543-4300
Fax Number : (904)543-4301

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Vcummins@Jaxfirm.com

19 JAN 16 AM 9:55

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NFYS SALE, LLC

Certificate of Status	0
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A. LUNT

Electronic Filing Menu Corporate Filing Menu Help

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19 JAN 16 AM 9:55

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

NFYS SALE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/09/2019 and assigned Florida document number L19000011182.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

4745 Sutton Park Court
Suite 102
Jacksonville, Florida 32224 US

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

4745 Sutton Park Court
Suite 102
Jacksonville, Florida 32224 US

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida street 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

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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

Title	Name	Address	Type of Action
AMBR	Cassel, George		☐ Add
			☐ Remove
		4745 Sutton Park Court, Suite 102 Jacksonville, Florida 32224 US	☒ Change
AMBR	Richardson, Michael C.		☐ Add
			☐ Remove
		4745 Sutton Park Court, Suite 102 Jacksonville, Florida 32224 US	☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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TALLAHASSEE, FLORIDA

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated January 15, 2019

Signature of a member or authorized representative of a member

John S. Duss, IV, Authorized Representative
Typed or printed name of signee

Filing Fee: $25.00

H19000016599

January 16, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

NFYS SALE, LLC
136 LATERRA LINKS CIRCLE
UNIT 201
SAINT AUGUSTINE, FL 32092US

SUBJECT: NFYS SALE, LLC
REF: L19000011182

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

Please return 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) 245-6939.

Agnes Lunt
Regulatory Specialist III

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Letter Number: 919A00001208

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