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| Special Instructions to Filing | Officer: | |
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COVER LETTER

| TO: Registration Section Division of Corporations | | | | |
|--|---|--------------------------|--|------------|
| SUBJECT: P(JK)A Companie | es LLC | | | |
| | (Name of Limited Liability Company) f. resignation or dissociation and fee(s) are submitted for filing. Ispondence concerning this matter to: (Contact Person) | | | |
| The enclosed member, resignation | n or dissociation | and fee(s) | are submitted for filing | <u>;</u> . |
| Please return all correspondence | concerning this r | natter to: | | |
| Joan D. McClelland (Contact Pers | Joan D | Mc | Clelland | May 7,201 |
| JDM Destin Properties LLC | | | | 2019 |
| (Firm/Compa | ny) | | - | |
| 4488 Luke Avenue | | | _ | 13 P |
| (Address) | | | | 72 |
| Destin, FL 32541 | | | | |
| (City/State and Z | ip Code) | _ | - | |
| For further information concerni | ng this matter, pl | ease call: | | |
| Joan D. McClelland | | 850 | 496-4115 | |
| (Name of Contact Perso | | Area Code | & Daytime Telephone N | umber) |
| Enclosed please find a check ma ☐ \$25 Filing Fee | de payable to the | Florida D \$55 Filing | epartment of State for: Fee & Certified Copy | |
| STREET/COURIER ADDRES | SS: | \checkmark | | S: |
| Registration Section | | | | |
| Division of Corporations | | | Division of Corporatio P.O. Box 6327 | ns |
| Clifton Building 2661 Executive Center Circle | | | Tallahassee, Florida 32 | 2314 |
| Tallahassee Florida 32301 | | | Taminasses, Tivinaa 52 | |

CR2E079 (2/14)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limi | tod Liability Compa | ny ne it now appears on our records) | | |
|---|------------------------------|--|------------------------------|--|
| (Evame of the Linn) | (A Florida Limited | ny as it now appears on our records.) Jability Company) | | |
| The Articles of Organization for this Limited I | iability Company | were filed on 3/13/2019 | and assigned | |
| Florida document number 1.19000071546 | | | | |
| This amendment is submitted to amend the fol | lowing: | | | |
| A. If amending name, enter the new name of | of the limited liab | ility company here: | | |
| JDM Destin Properties LLC | | | | |
| The new name must be distinguishable and contain the | words "Limited Liabi | lity Company," the designation "LLC" of | or the abbreviation "L.L.C." | |
| Enter new principal offices address, if appli | cable: | 4488 Luke Avenue | | |
| (Principal office address MUST BE A STREET ADDRESS) | | Destin, FL 32541 | | |
| | | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON) | | PO Box 6387 | 2019 | |
| | | Miramar Beach, FL 32550 | | |
| | | | | |
| | | | | |
| B. If amending the registered agent and | Vor registered o | ffice address on our records, | enter the name of the new | |
| registered agent and/or the new registered of | office address her | <u>.c</u> : | 06 | |
| Name of New Registered Agent: | Joan D. McCle | Hand | . ov | |
| New Registered Office Address: | 4488 Luke Ave | enue | | |
| New Registered Office Address. | Enter Florida street address | | | |
| | Destin | , Flor | ida ³²⁵⁴¹ | |
| | | 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> | <u>Address</u> | Type of Action |
|--------------|---------------------|-------------------------|--|
| AMBR | Angela D. Mehan | 3857 Indian Trail Drive | |
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| AMBR | Patrick H. Mehan | 150 Bear Creek Trail | C . 11 |
| | | March 1 (1) 20250 | |
| | | Moreland, GA 30259 | 🖬 Remove |
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| | | | Change |
| | Kathy P. Holliman | 4488 Luke Avenue | |
| AMBR | Rattly 1. 1 William | 1 | |
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| 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 605.020 ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ocument's effective date on the Department of State's records. | The | 90th day after the record is filed. | 5,, 6,,6 55, | |
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| lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occument's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed. The specifies and the record is filed. | | | | |
| intensity of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occument's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed. | | Signature of a member or authorized representative of a member | | |

Page 3 of 3
Filing Fee: \$25.00