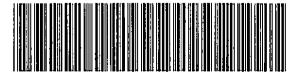
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(Requestor's Name)
(Address)
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AUG 20 2020 S. YOUNG

COVER LETTER

CUDIFCT.	218 W CHU	JRCH LLC			
SUBJECT:		Name of Limi	ted Liability Company		
The enclosed	l Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspoi	ndence concerning this matter	to the following:		
		ADAM RIGEL			
			Name of Person		
		JWB REAL ESTATE CAI	PITAL LLC		
			Firm/Company		
		7563 PHILIPS HWY, BLI	OG 100, STE 208		
		-	Address		
		JACKSONVILLE, FL 32.	256		
			City/State and Zip Code		
		adam@jwbcompanies.com	to be used for future annual repo		
				rt notification)	
For further in	nformation co	oncerning this matter, please ca	all:		
ADAM RIC	BEL		904 677-67 at ()		
	Name of	Person	Area Code I	Daytime Telephone Number	
Enclosed is a	n check for th	e following amount:			
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	n Certified (e of Status &
	MARI	NC ADDRESS	STDFFT/C	OUDIED ADDDESS	

MAILING ADDRESS:

Registration Section

Division of Corporations

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

218 W CHURCH LLC

(Name of the Limited I (A.)	<mark>iability Company as it r</mark> Torida Limited Liability (ow appears on our re Company)	ecords.)		
The Articles of Organization for this Limited Liabi	lity Company were fi	led on November 4	. 2019	≓ and assigned	d 3
Florida document number 1.19000274890					/ \ - - -
	 ,			_ග	- 4
This amendment is submitted to amend the following	ng:		-	P.	
A. If amending name, enter the new name of the	e limited liability con	npany here:	-	فن .	فحشاه
The new name must be distinguishable and contain the words	"Limited Liability Comp	pany," the designation	"LLC" or the abbrevi	ation "L.L.C."	
Enter new principal offices address, if applicable	e:				
(Principal office address MUST BE A STREET A	(DDRESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>				
	<u></u>				
B. If amending the registered agent and/or	registered office ad	ldress on our rec	ords, enter the	name of th	he new
registered agent and/or the new registered office			enter the		
Name of New Registered Agent:					
New Registered Office Address:					
		Enter Florida street a	ddress		
			_, Florida		
	City	,	Z	ip Code	
New Registered Agent's Signature, if changing Regi	stered Agent:				
I hereby accept the appointment as registered a provisions of all statutes relative to the proper of	und complete perfort	mance of my dutie	rs, and I am famii	liar with an	d
accept the obligations of my position as register being filed to merely reflect a change in the reg company has been notified in writing of this cha	istered office addres				t is
company has then nonfield in writing of this che	inge.				

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
MGR	National Safe Harbor Exchanges. Inc.	601 Riverside Ave	■ Add
		Jacksonville, FL 32204	П Р
			Change
MGR	Sawyers Preserve LLC	7563 Philips Hwy Bldg 100	
		Jacksonville, FL 32256	■ Remove
			Change
			☐ Remove
			☐ Change
			Add
			☐ Remove
			Change
			Add
		<u></u>	□ Remove
			Change
			☐ Remove
			□ Change

						
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Note: If the o	te, if other than the ate is listed, the date made inserted in this before the little to the little	olock does not me	et the applicab	date of filing or mo le statutory filing	(optiona re than 90 days after filit requirements, this da	l) ng.) Pursuant to 605.0207 (te will not be listed as t
	pecifies a delaye day after the re		ite, but not	an effective ti	me, at 12:01 a.m	. on the earlier of:
Dated July 6			2020	- ·		
		141				
_		Signature of a me	ember or authori	zed representative o	f a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00