## 120000362471

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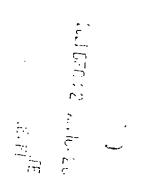
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## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	rporations					
SKYLINE	JAX LLC					
SUBJECT: Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	CHJRISTIAN JOHNSON					
		Name of Person				
	SKYLINE JAX REAL ES	TATE LLC				
		Firm/Company				
	2915 HOLLYBAY RD					
	<u> </u>	Address				
	ORANGE PARK, FL 3207	73				
		City/State and Zip Code	<del>10 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - </del>			
	SKYLINEJAX904@GMAI	L.COM to be used for future annual report notified.	fication)			
For further information c	oncerning this matter, please ca	_	neuton)			
CHRISTIAN JOHNSON	ı	904 586-5831				
Name o	f Person	at () Area Code Daytime	e Telephone Number			
Enclosed is a check for th	ne following amount:					
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addres	_	Street Address:				
Registration Section Division of Corporations		Registration Section Division of Corporations				
P.O. Box 6327			The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SKYLINE JAX 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 11/16/2020 Florida document number L20000362471 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SKYLINE JAX REAL ESTATE LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 2915 HOLLYBAY RD Enter new principal offices address, if applicable: ORANGE PARK, FL (Principal office address MUST BE A STREET ADDRESS) 32073 2915 HOLLYBAY RD Enter new mailing address, if applicable: ORANGE PARK, FL (Mailing address MAY BE A POST OFFICE BOX) 32073 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

## 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.

City

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
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			□Remove
			□Add
			□Remove
			□Change
			□Add
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			☐ Change
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гесого	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
l is fil	ed.
	12/19/2021
ated	,
(	
,	Signature of a member or authorized representative of a member
	CHRISTIAN JOHNSON
	Typed or printed name of signee