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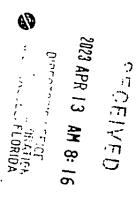
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SECRETARY OF STATE
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COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT: The	ALPHA JACKSON Name of Limi	, L.L.C	
	Name of Limi	ted Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub-	nitted for filing.	
Please return all correspond	ence concerning this matter (to the following:	
	Brian Jac	Name of Person	
		Name of Person	
		Firm/Company	
	1413 Autumn	Pines PRIVE	
	Orange Par	City/State and Zip Code	
	Duck don E-mail address: (1	o be used for future annual report notif	co ^
For further information con	cerning this matter, please co	ill:	
Brian Jacks Name of P	erson	at (954) 465-0 Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
☐ \$25.00 Filing Fee	© \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	

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

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The ALPHA JACKSON,	L.L.C
The ALPHA JACKSON, (Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L. 2.000</u> <u>3.8.1597</u> . This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
ALPHA Jackson, L.L.C. The new name must be distinguishable and contain the words "Limited Liabil	in Comment with a minute of 17 or the abbreviation of 17 or
The new name must be distinguishable and contain the words. Limited Liabil	
Enter new principal offices address, if applicable:	1413 Autumn Pines Drive
(Principal office address MUST BE A STREET ADDRESS)	1413 Autumn Pines Drive Orange Park, FL 32005
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Orange Park, Fire \$2065
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address: 1413	Autumn Pines Prive Enter Florida street address Park , Florida 32065 Zip Code
orange	Park , Florida 32065 Zip Code
No. 11-invest Apart's Signature if changing Degistered Agent:	•

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 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>	Name	Address	Type of Action
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			□Change
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			□ Change

date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 in this block does not meet the applicable statutory filing requirements, this date will not be listed a on the Department of State's records.
effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
23
Signature of a member or authorized representative of a member
•
: :

Filing Fee: \$25.00