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2021 DEC 27 NH 7: 22 SECREJARY OF STATE

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COVER LETTER

TO:

Registration Section Division of Corporations

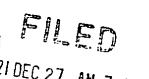
Tallahassee, FL 32314

	PROPERTIES OF JACKSONV	ALLE, LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles o	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	oondence concerning this matter	to the following:		
	STANLEY U HUNT			
		Name of Person		
	RIVER CPA LLC			
	<u></u>	Firm/Company		
	1547 PETERS CREEK RI	D		
Address				
	GREEN COVE SPRINGS	5. FL 32043		
	INFO@BIVEDCBA COAL	City/State and Zip Code		
	INFO@RIVERCPA.COM E-mail address: (to be used for future annual report no	tification)	
For further information	concerning this matter, please c	·	·	
STANLEY U HUNT		904 626-6347		
Name	of Person	at () Area Code Daytii	ne 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) 	
<u>Mailing Addre</u> Registration		Street Address: Registration Se	ection	
Division of	Corporations	Division of Co	Division of Corporations	
P.O. Box 63	527	The Centre of	Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



WALIOO PROPERTIES OF JACKSONVILLE, LLC

OF

2021 DEC 27 AM 7: 22

ERTIES OF JACKSONVILLE, LLC

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compa	ny were filed on $\frac{14/027}{1}$	and assigned
Florida document number L21000473808		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here;	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	e address on our reco	ds, enter the name of the new registere
New Registered Office Address:		
	Enter Florida :	treet address
		, Florida Zip Code
No. B. Carlotte and Company of the C	·	Zip Code
New Registered Agent's Signature, if changing Registered Agent	_	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi company has been notified in writing of this change.	te performance of my s provided for in Chaj	duties, and I am familiar with and oter 605, F.S. Or, if this document is

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

Title	<u>Name</u>	Address	Type of Action
MGRM	FALLON, SAMUEL S	1632 DOVER HILL DRIVE	□Add
		JACKSONVILLE, FL 32225	□Remove
			€Change
			□Add
		□Remove	
			□Change
			□Add
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an effe ote:	date, if other than the date of filing:)207 d as 1
record Lis file	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
ated _	OVEMBER 10 2021 .	
	Signature of a member or authorized representative of a member	
	_	

Filing Fee: \$25.00