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EXAMINIT

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SHRIECT.

TJE 19, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

## Nathan Lewinger

Name of Person

TJE 19, LLC

Firm/Company

2600 Island Blvd, Unit 2906

Address

Aventura, FL 33160

City/State and Zip Code

nlewinger@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nikki Shein

305 935-3096

Name of Person

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)

□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

**MAILING ADDRESS:** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TJE 19, LLC

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

(A FIOR	ia Linned Liabinty Company)		
The Articles of Organization for this Limited Liability Florida document number L13000022699	y Company were filed on 02/13/2013	and assigned	
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the li	imited liability company here:		
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Company," the designation "LL	C" or the abbreviation	
Enter new principal offices address, if applicable:	<u> </u>		
(Principal office address MUST BE A STREET AD	DRESS)		
		67K	
		<u> </u>	
Enter new mailing address, if applicable:	ر خز - جرب - درب		
(Mailing address MAY BE A POST OFFICE BOX)	est.		
	<u></u>	155	
B. If amending the registered agent and/or registered agent and/or the new registered office a	gistered office address on our records, enter th	e name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
-	Enter Florida street address		
	, Florida	. Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing Registe	ered 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u> <u>T</u>	vpe of Action
MGR	Lewinger, Nathan	2600 Island Blvd, Unit 2906	Add
		Aventura, FL 33160	Remove
MGR	Lewinger, Sara T	2600 Island Blvd, Unit 2906	Add
		Aventura, FL 33160	Remove
· MGRM	TJE Property Holdings, LLC	2600 Island Blvd, Unit 2906	Add
		Aventura, FL 33160	Remove
		₩	Add
		Ch. Ch.	Remove
			72. Add
			Remove
			Add
			Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)				
_				
-				
_				
_				
Dated /2	13/12			
Bateu <u>vv</u>	Melly -			
	Signature of a member or authorized representative of a member			
	Nathan Lewinger			
Typed or printed name of signee				
	Page 3 of 3			
-	Filing Fee: \$25.00			

TALLAHA SSEL OLORIDA

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