## L17000065545

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## **COVER LETTER**

то:	Registration Sec Division of Corp		ner a set of the set of	*************************************	
SUBJE		rt Properties, LLC			
SOBJE	C1.	Name of Lim	nited Liability Company		
The enc	losed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please r	eturn all correspon	dence concerning this matter	to the following:		
		John J. Robert III			
			Name of Person		•
			Firm/Company		-
		3255 Tamiami Trail North	ı		
			Address		•
		Naples, Florida 34103			
		JRobert@johnrwood.com	City/State and Zip Code		
		E-mail address: (	to be used for future annual r	eport notification)	
For furt	her information co	ncerning this matter, please ca	all:		
John Ro	obert		at ( )	-2231	
	Name of	Person	Area Code	Daytime Telephone Number	<del> </del>
Enclose	d 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)	Certifica Certified	te of Status &

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

John J. Robert Properties, LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con	npany were filed on March 22, 2017	and assigned
Florida document number L17000065545		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
John J. Robert, III, LLC		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE.	SS)	<b>≤</b> in
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		APR HA
Futon many madding adduser if annihable.		1 80
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<del></del>
		<i>₹</i> 2
		<b>3</b>
3. If amending the registered agent and/or register		ter the name of the nev
egistered agent and/or the new registered office addres	ss nere:	
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida street address	
	, Florida	1
-	City	Zip Code

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 Changing Registered Agent, Signature of New Registered Agent

MGR = N AMBR = A	Aanager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			□ Remove
			Change
			Add
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ctive	date, if other than the date of filing: (optional)
effect e: If	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
	t's effective date on the Department of State's records.
eco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
	Oth day after the record is filed.
	-/
d	3/29 2011

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Typed or printed name of signee

Filing Fee: \$25.00