

LOS 000043050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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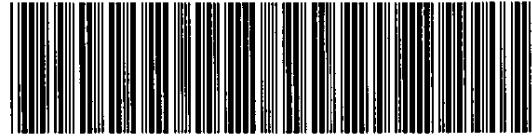
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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T. CLINE

MAY 14 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J & J REAL ESTATE & INVESTMENTS 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:

JOSEPH TROCCOLI

Name of Person

J & J REAL ESTATE & INVESTMENTS LLC

Firm/Company

9339 SW 1st STREET

Address

PLANTATION, FLORIDA 33324

City/State and Zip Code

USA4US@COMCAST.NET

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

For further information concerning this matter, please call:

JOSEPH TROCCOLI

Name of Person

at (954) 370-7721

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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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**

J & J REAL ESTATE & INVESTMENTS 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 4-29-2005 and assigned Florida document number L 05000043050.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "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)

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SECRETARY OF STATE

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

Florida

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 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 Changing Registered Agent, Signature of New Registered Agent

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>Type of Action</u>
MGRM	MATTHEW J. TROCCOLI	9339 SW 1st STREET PLANTATION, FLORIDA 33324	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	DAVID T. TROCCOLI	9339 SW 1st STREET PLANTATION, FLORIDA 33324	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	JOSEPHINE TROCCOLI	1530 NW 87th LANE PLANTATION, FLORIDA 33322	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

* IN ADDITION TO ADDING MATTHEW J. TROCCOLI (MGRM) AND DAVID T. TROCCOLI (MGRM) AS (MGRM) AND REMOVING JOSEPHINE TROCCOLI (MGRM), PLEASE CHANGE JOSEPH TROCCOLI FROM (MGRM) TO (MGR), IN ADDITION TO DESIGNATING HIM (UNCHANGED) AS THE PRINCIPAL AND REGISTERED AGENT.

9339 SW 1st STREET
PLANTATION, FLORIDA 33324

Dated MAY 7, 2012.

Joseph Troccoli
Signature of a member or authorized representative of a member

JOSEPH TROCCOLI
Typed or printed name of signee