

FAX AUDIT NO.: H17000296346-3

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000296346 3)))



H170002963463ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : MICHAEL J. FREEMAN, P.A.
Account Number : 072720000142
Phone : (305)442-1567
Fax Number : (305)442-1227

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GASPARILLA 340 LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

FAX AUDIT NO.: H17000296346 3

K. SALY
NOV 13 2017

RECEIVED
2017 NOV -9 PM 2:16
TALLAHASSEE, FLORIDA

FILED
2017 NOV -9 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FAX AUDIT NO.: H17000296346 3

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

GASPARILLA 340 LLC

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

FILED
2017 NOV 9 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on October 17, 2017 and assigned
Florida document number L17000214817

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 contain 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)

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

City

Florida

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

FAX AUDIT NO.: H17000296346 3

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JMP Family Trust Holding LLC	1000 E 80th Place	<input type="checkbox"/> Add
		Suite 700 N	<input checked="" type="checkbox"/> Remove
		Merrillville, IN 46410	<input type="checkbox"/> Change
MGR	JP and CP Holdings LLC	153 Sevilla Avenue	<input checked="" type="checkbox"/> Add
		Coral Gables, FL 33114-0668	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 2017 NOV -9 AM 11:08
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FAX AUDIT NO.: H17000296346 3

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

FILED
2017 NOV -9 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date in the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated November 9, 2017

Signature of _____

Michael J. Freeman, as Manager of JP and CP Holdings LLC

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FAX AUDIT NO.: H17000296346 3