

LD1000021583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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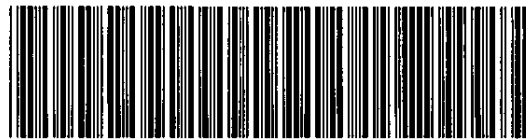
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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MAY 16 2014
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LJT, 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:

Eric S. Kane, Esq.

Name of Person

Eric S. Kane, PL

Firm/Company

20900 N.E. 30th Avenue, Suite 403

Address

Aventura, Florida 33180

City/State and Zip Code

eric@kanelawpl.com

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

For further information concerning this matter, please call:

Eric S. Kane, Esq.

Name of Person

at (305)

937-7280

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**

LJT, 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 December 13, 2001 and assigned Florida document number L01000021583.

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)

*SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAY - 9 PM 4:18*

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: L. James Teper

New Registered Office Address: 360 Arvida Parkway
Enter Florida street address

Coral Gables, Florida 33156
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.

L. James Teper
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	L. James Teper	360 Arvida Parkway Coral Gables, Florida 33156	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	L. JAMES TEPER REVOCABLE TRUST dated 6/13/11, as amended	L. James Teper Rev. Trust 6.13.11 360 Arvida Parkway Coral Gables, Florida 33156	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	JOAN CAROL TEPER REVOCABLE TRUST dated 6/13/11, as amended	Joan Carol Teper Rev. Trust 6.13.11 360 Arvida Parkway Coral Gables, Florida 33156	<input checked="" 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

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

Dated May 2, 2014

L. James Teper
Signature of a member or authorized representative of a member

L. James Teper
Typed or printed name of signee

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 14 MAY - 9 PM 4: 17