

From: Rob Royston

Fax: (239) 205-2225

To:

Fax: (850) 617-6383

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Division of Corporations

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L030000/3776

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : ROBERT D. ROYSTON, JR., P.A.
Account Number : I20150000047
Phone : (239) 205-2225
Fax Number : (239) 205-2016

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

Email Address: royston@roystonlaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
QJR PROPERTIES NAPLES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2018 OCT -4 AM 11:37

FILED
18 OCT -4 PM 3:25
TALLAHASSEE, FLORIDA

(((H18000288962 3)))
**ARTICLES OF AMENDMENT
 TO
 ARTICLES OF ORGANIZATION
 OF**

FILED
18 OCT -4 PM 3:30
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

QJR PROPERTIES NAPLES, 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 April 16, 2003 and assigned
 Florida document number L03000013776.

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

(((H18000288962 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	HIRSCH, JOHN A.	12548 Lake Denise Blvd.	<input type="checkbox"/> Add
		Clermont, FL 34711-6854	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ZOLLA, RONALD W.	1 Succi Dr.	<input type="checkbox"/> Add
		Portsmouth, HI 103801	<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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