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To:

Division of Corporations

Fax Number : (850)617-6383

From:

ί..

Account Name : ROBERT D. ROYSTON, JR., P.A.

Account Number: 120150000047 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@rroystonlaw.com

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

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

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ARTICLES OF ORGANIZATION OF

QJR PROPERTIES CONFERENC				
(Name of the Limit	ted Linhility Compa (A Florida Limited I	ny <u>as it now appears on o</u> liability Company)	ur records.)	
The Articles of Organization for this Limited L Florida document number L03000013961	iability Company	were filed on April 16.	2003 and assigned	
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
The new name must be distinguishable and contain the v	words "Limited Liabil	lity Company," the designa	cion "L.L.C." or the abbreviation "L.L.C."	
Enter new principal offices address, if applic	eable:			
(Principal office address MUST BE A STREET ADDRESS)		12548 Lake Denise B	lvd.	
		Clermont, FL 34712		
Enter new mailing address, if applicable:		12548 Lake Denise Blvd.		
(Mailing address MAY BE A POST OFFICE	BOX)	Clermont, FL 34712		
B. If amending the registered agent and registered agent and/or the new registered o	ffice address her	<u>ē</u> :	records, enter the name of the nev	
Name of New Registered Agent:	John A. Hirsch			
New Registered Office Address: 12548 Lake		nise Blvd.		
	Clermont	Enter Florida str	34772	
	Cicimon	City	, Florida	
New Registered Agent's Signature, if changing	Registered Agent:		TATE	
I hereby accept the appointment as registered provisions of all statutes relative to the propaccept the obligations of my position as regions filed to merely reflect a change in the company has been notified in writing of this	per and complete istered agent as p registered office	performance of my d provided for in Chapt	uties, and I am familiar with and er 605, F.S. Or, if this document is	

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To: Fax: (850) 5

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	QUIGLEY III, THOMAS A.	6091 S. Pointe Blvd.	
		Ft. Myers, FL 33919	
			☐ Change
			Remove
			C Change
			Remove
			Change
			Add
			SECRETARY TALES
			Change L
			SSET GAR
			E, FL Remove
			Change
			Change

om; Rob Royston	Fax: (239) 205-2225	To:	Fax: (850, 817-8383 (((H180002889083)))	Page 4 of 4 10/04/2018 10 53 AM	
				100 0 C 10 C 10 C 10 C 10 C 10 C 10 C 1	
				2018 SEC	
				ALLEA A	
				RY OF ST	ED
				STATE E.F.L	

_			October 1, 2018		
(If an effective Note: If the		se specific ar k does not	d cannot be prior to date of filing or more the meet the applicable statutory filing req		
	d specifies a delayed oth day after the reco		date, but not an effective time	, at 12:01 a.m. on the earlier	r of:
Dated Sep	otember Z3		2018		
	s	ignature de t	member or authorized representative of a	membe;	
	John A. Hirsch, III, memb	XCF	Exped or printed name of stones		

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