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.

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:

rroyston@rroystonlaw.com

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

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

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EXAMINER

Fax: (850, 817-8383

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ARTICLES OF ORGANIZATION OF

QJR PROPERTIES BARKLEY PLACE, LLC			
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our record nited Liability Company)	<u>łs)</u>	
The Articles of Organization for this Limited Liability Com	pany were filed on April 17, 2003	and assigned	
Florida document number L03000013981			
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 "LL	C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	Diablety Company, 12 occupanton	<u> </u>	
Principal office address MUST BE A STREET ADDRES	(S) 12548 Lake Denise Blvd.	C	
Trincipal Office and U.S. Its U.S.A. D.D. IA CAROLINA INC. CAROLINA	Clemont, FL 34712	- a 1	
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/or register		is, enter the name of the	
	O HICE O		
Name of New Registered Agent: John A. F. 12518 Lea			
Name of New Registered Agent: John A. F.	firsch	ıss	
Name of New Registered Agent: John A. F. 12518 Lea	Hirsch ike Denise Blvd. Enter Florida street addre	torida 34712 Zip Code	

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

Page 1 of 3

(((H18000288168 3)))

From:	Rob	Roy	ston
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Fax: (239) 205-2225

To:

Fax: (850) 617-8383 Page 3 of 4 10/03/2018 4 34 PM (((H18000288168 3)))

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.	_CI Add
		Ft. Myers, FL 33919	
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			Change

Royston	Fax: (239) 205-2226	To:	(((H180002	Fax: (850) 817-8383 288168 3)))	Page 4 of 4 10/03/2018 4	1,34 PNI
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			October 1,	2018		
(Hancellisti	date, if other than the ve date is listed, the date mu	t be specific a	and cannot be prior	to date of filing or more	(optional) than 90 days after filing.) Purs	mnt to 605.02
Note: If t	he date inserted in this blis seffective date on the D	ock does no	ot meet the applic	able statutory filing re	quirements, this date will r	ioi be listed
the record	d specifies a delayed Oth day after the rec	l effective ord is file	e date, but no ed.	t an effective time	e, at 12:01 a.m. on t	he earlier
Dated	ptember Z4		2018	121	1	
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		Signature of	i a meraner or author	orizad representative of	а инсинест	
	John A. Flirsch, III, mei					

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