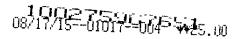
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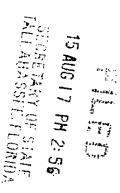
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COVER LETTER

TO:	Registration Sec Division of Corp			
CTID T	LTJ GROU	PV, LLC		
SUBJ	1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Name of Lim	ited Liability Company	
	1,			
The er	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Chad T. Orsatti, Esq.		
			Name of Person	
		Orsatti & Associates, P.A.		
			Firm/Company	
		2925 Alternate 19 North, S	uite B	
			Address	
		Palm Harbor, Florida 3468	3	
			City/State and Zip Code	
		chad@orsattilaw.com		
		E-mail address: (to be used for future annual report notif	ication)
For fu	rther information co	oncerning this matter, please ca	all:	
Chad	T. Orsatti, Esq.		727 772-9060 at ()	
	Name of	Person	Area Code Daytime	e Telephone Number
Enclo	sed is a check for th	e following amount;		
= \$2	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

A Florida Limited L	ny as it now appears on our re	cords.)	100	-	
bility Company	were filed on <u>May 1</u>	<u>4,2</u> 003	and	assigne	d
wing:					
the limited liab	ility company here:				
rds "Limited Liabil	ity Company," the designation	"LLC" or the	abbreviation	"L.L.C."	
ble:	5402 West Laur	el Stre	et		
ADDRESS)	Suite 201				
	Tampa, FL 33	607			
	Same as above				
<u>80X)</u>					
ice address her	<u>e</u> :	cords, <u>ent</u>	er the nan	ne of th	ie nev
Cliau T.	. Orsatti, Esq.		<u> </u>	<u> </u>	a and
2925 Alte				7 %	****
Palm Hark			F (1)		gui. Ciğ Paj
ZGIM HUIL	City	_, FIUFICIA	5-Zip (2)	de E	<u>′</u> _
	wing: the limited liab ords "Limited Liabil ble: TADDRESS) or registered of ice address her Chad T. 2925 Alte	wing: the limited liability company here: ords "Limited Liability Company," the designation ble: 5402 West Laure Suite 201 Tampa, FL 33: Same as above Sox) or registered office address on our recice address here: Chad T. Orsatti, Esq. 2925 Alternate 19 North, Enter Florida street at Palm Harbor	wing: the limited liability company here: ords "Limited Liability Company," the designation "LLC" or the lible: 5402 West Laurel Street ADDRESS) Suite 201 Tampa, FL 33607 Same as above Same as above Chad T. Orsatti, Esq. 2925 Alternate 19 North, Suite Enter Florida street address Palm Harbor Florida	wing: the limited liability company here: ords "Limited Liability Company," the designation "LLC" or the abbreviation ble: 5402 West Laurel Street TADDRESS) Suite 201 Tampa, FL 33607 Same as above Same as above Or registered office address on our records, enter the namice address here: Chad T. Orsatti, Esq. 2925 Alternate 19 North, Suite B Enter Florida street address Palm Harbor Florida 3468	wing: the limited liability company here: ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." ble: 5402 West Laurel Street TADDRESS) Suite 201 Tampa, FL 33607 Same as above Same as above Chad T. Orsatti, Esq. 2925 Alternate 19 North, Suite B Enter Florida street address Palm Harbor Florida \$34683

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

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>	Name	Address	Type of Action
MGR	Robert J. Remington	5402 WEst Laurel Street Suite 201	⊠ Add
		Tampa, FL 33607	Remove
			☐ Change
MGRM	Joseph A. Tortoretti	7322 Chatsworth Court	Add
		University Park, FL 34201	⊠ Remove
			Change
MGRM	Todd J. Tortoretti	9112 Tillinghast Drive	Add
		Tampa, FL 33626	≱ Z≭Remove
			☐ Change
MGRM	Lynn K. Fagan	9018 Pitrizza Drive	
		Lake Worth, FL 33467	▼ Remove
			Change
			🗆 Add
			□ Remove
			□ Change
			□ Add
			Remove
			□ Change

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Page 3 of 3

Filing Fee: \$25.00