

L030000 17368

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AUG 18 2015
J SHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LTJ GROUP V, 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:

Chad T. Orsatti, Esq.

Name of Person

Orsatti & Associates, P.A.

Firm/Company

2925 Alternate 19 North, Suite B

Address

Palm Harbor, Florida 34683

City/State and Zip Code

chad@orsattilaw.com

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

For further information concerning this matter, please call:

Chad T. Orsatti, Esq.

727 772-9060
at ()

Name of Person

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**

LTJ GROUP V, 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 May 14, 2003 and assigned
Florida document number L03000017368

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)

5402 West Laurel Street

Suite 201

Tampa, FL 33607

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same as above

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:

Chad T. Orsatti, Esq.

New Registered Office Address:

2925 Alternate 19 North, Suite B

Enter Florida street address

Palm Harbor

Florida

City

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Robert J. Remington	5402 WEst Laurel Street Suite 201	<input checked="" type="checkbox"/> Add
		Tampa, FL 33607	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Joseph A. Tortoretti	7322 Chatsworth Court	<input type="checkbox"/> Add
		University Park, FL 34201	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Todd J. Tortoretti	9112 Tillinghast Drive	<input type="checkbox"/> Add
		Tampa, FL 33626	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Lynn K. Fagan	9018 Pitrizza Drive	<input type="checkbox"/> Add
		LaKE Worth, FL 33467	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SECRETARY OF STATE
JAN. GRAUSTEIN, F. DRID

15 AUG 17 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated August 12, 2013

~~Signature of a member or authorized representative of a member~~

ROBERT J. REMINGTON

Typed or printed name of signee