

104000045303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

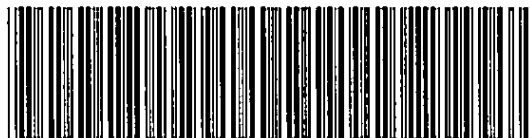
(Business Entity Name)

(Document Number)

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09/21/18--01014--030 \*\*55.00

FILED

18 OCT -5 AM 1:40

STATE  
TALLAHASSEE, FLORIDA

K SAIY  
OCT -5 2018

**JBT Properties LLC**

1946 Westpointe Circle

Orlando FL. 32835

To whom it might concern

I Juan Tavaréz want to change J.B.T. Properties LLC

From Juan B Tavaréz "MGRM to Juan B Tavaréz MGR" ,That's the only change I want to make; everything else stays the same, if you have any question contact me at 407-3400-9320;

Thank You;



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 24, 2018

J.B.T. PROPERTIES, LLC.  
JUAN TAVAREZ  
1946 WESTPOINTE CIR.  
ORLANDO, FL 32835

SUBJECT: J.B.T. PROPERTIES, LLC.  
Ref. Number: L04000045303

We have received your document for J.B.T. PROPERTIES, LLC. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 018A00019941

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: J.B.T. Properties 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:

JUAN B TAVAREZ  
Name of Person

J.B.T. Properties LLC  
Firm/Company

1946 Westpointe Circle  
Address

Orlando FL 32835  
City/State and Zip Code

JUTA1946@Hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUAN TAVAREZ at (407) 340-9320  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

2018 OCT -5 AM 10:28

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

J. B. T. Properties LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 5/15/2004 and assigned  
Florida document number LC4000045303

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*

\_\_\_\_\_, Florida \_\_\_\_\_  
City 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

**MGR = Manager**  
**AMBR = Authorized Member**

18 OCT -5 AM 1:40  
Change  
Add  
Remove  
Change

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

only change the MGRM to MGR

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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)

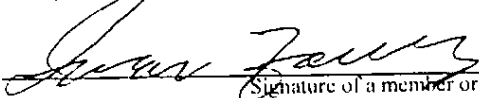
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

10/3/18



Signature of a member or authorized representative of a member

JUAN B TAVARES

Typed or printed name of signee