

LD50000 85172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

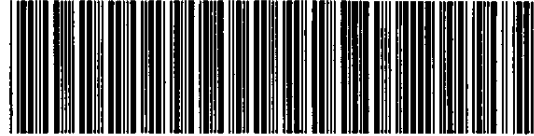
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/22/16--01028--009 **25.00

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2016 AUG 22 P 4:38

CLERK OF STATE
TALLAHASSEE, FLORIDA

S Warren

AUG 23 2016



Just
Multifamily
Institutional Advisors

August 18, 2016

VIA FEDEX Tracking #804864376172

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Just Multifamily, LLC

Dear Madam/Sir:

Enclosed for filing is the original Articles of Amendment regarding the above referenced limited liability company. In this regard, please accept our company's check in the amount of \$25.00 for the applicable filing fees.

If you have any questions, please feel free to contact our office.

Sincerely,

Frank Keasler
Chief Business and Compliance Officer

Enclosures: Articles of Amendment Check #1261

160818 Trnsmtl Ltr to SOS re Art of Amendment_JMF

Just Multifamily, LLC
645 Mayport Road, Suite 5, Atlantic Beach, FL 32233
Office: 904-247-5334 - Fax: 904-853-6926

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Just Multifamily, 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:

Frank Keasler

Name of Person

The Klotz Group, Inc.

Firm/Company

645 Mayport Road Suite 5

Address

Atlantic Beach, Florida 32233

City/State and Zip Code

kbiltz@theklotzcompanies.com

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

For further information concerning this matter, please call:

Frank Keasler

904 247-5334 X302
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

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

Just Multifamily, 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 August 25, 2005 and assigned Florida document number L05000085172.

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)

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2015 MAY 22 P 4:38
CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

Management and Agent
General Agent and Management Services, LLC

New Registered Office Address:

645 Mayport Road, Suite 5

Enter Florida street address

Atlantic Beach

City

, Florida 32233

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.

 **MANAGER**
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>
CEO	Jeff Klotz	645 Mayport Road, Suite 5	<input type="checkbox"/> Add
		Atlantic Beach, FL 32233	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
President	Jorge Suazo	645 Mayport Road, Suite 5	<input type="checkbox"/> Add
		Atlantic Beach, FL 32233	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	General Management and Agent Se	645 Mayport Road, Suite 5	<input checked="" type="checkbox"/> Add
		Atlantic Beach, FL 32233	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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2016 JUN 22 4:09 PM
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:

Dated August 18, 2016

General Management and Agent Services, LLC, MANAGER, By: Jeff D. Klotz, Its: Manager

FILED
2015 FEB 22 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA