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T. HAMPTON

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EXAMINER

COVER LETTER

FO:				· .
SUBJI	ест: <u>J A</u>	G Prop	restres LLC	
		Name of Lim	ited Liability Company	, 3.3 .
The en	closed Articles of Amendme	ent and fee(s) are su	bmitted for filing.	
Please	return all correspondence co	ncerning this matte	er to the following:	
		JACK	A GRASMAN Name of Person	
		JA6	ropertus LCC	
		9008 -	24 Th A De	
				C/
		JENIS	City/State and Zip Code	8
FO: Registration Section Division of Corporations SUBJECT: TA C: Properties LLC Name of Lithited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: TACK A GRASMAV Name of Person JA G Properties LC C Firm/Company 9008 - 34 ** 4 0 0 0 Temple of Person M 1 494 & City/State and Zip Code GRASMAN JARBER Q ACL Company E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JACK A GRASMAN at (b) 485 260 0 Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: September 1830.00 Filling Fee & Certified Copy (additional copy is enclosed) [Sectified Copy (additional copy is enclosed)				
For fur	ther information concerning	this matter, please	call:	• • • • •
J	ACK A GRAS Name of Person	MAN	at (6/6) 485	760 7 Telephone Number
Enclos	ed is a check for the following	ng amount:		
X \$25	5.00 Filing Fee \$30.0 Ce	00 Filing Fee & rtificate of Status	Certified Copy	Certificate of Status & Certified Copy

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



10 NOV 29 AM 2: 85

		10 MON 52	州 2:85
J A G PRO	OPERTIES L L C		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on	our records.)	
(A Fiorida Linin	ed Elabinty Company)		
The Articles of Organization for this Limited Liability Comp	pany were filed on <u>Dec</u>	22, 2005	_ and assigned
Florida document number <u> </u>			
 			
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 end with the words "L.L.C."	Limited Liability Company,"	the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS	S)		
	<u> </u>		
			•
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
WINNING BOOK CONTRACT DE 11 2 DE 12 DE			
		<u></u>	
	3 00 11		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		records, <u>enter the</u>	name of the nev
egistered agent and/or the new registered office address	uci c.		
Name of New Registered Agent:			
No. Declared Office Address.			
New Registered Office Address:	Finter F	lorida street addre	200
	Zinci 1	10, 100 51, 001 00001 0	
	· · · · · · · · · · · · · · · · · · ·	, Florida	<u> </u>
	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Type of Action <u>Title</u> **Name Address** BARBARA L GRASMAN Remove ☐ Add ☐ Remove ☐ Add ☐ Remove □Add Remove ∏Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member TACK A 6 RAS MAN

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00