Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : ROBERT D. ROYSTON, JR., P.A.

Account Number : 120150000047 Phone : (239)205-2225

Fax Number : (239)205-2016

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: rroyston@rroystonlaw.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN QJR PROPERTIES LEHIGH ACRES, LLC

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To:

## ARTICLES OF ORGANIZATION OF

Name of New Registered Agent:  New Registered Office Address:	John A. Hirsch  12548 Lake Der  Clermont	Enter Florida street addr	ess Florida <sup>34712</sup>
			ess
Name of New Registered Agent:	John A. Hirsch		
<ol> <li>If amending the registered agent and registered agent and/or the new registered of</li> </ol>	_		ds, enter the name of the
			<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			ن
		Clermont, FL 34712	> 1
		12548 Lake Denise Blvd.	
		Clermont, FL 34712	1 1
<u>Principal office address MUST BE A STREE</u>	T ADDRESS)	12548 Lake Denise Blvd.	· !
enter new principal offices address, if applic	able:		
he new name must be distinguishable and contain the v	vords "Limited Liabil:	ity Company," the designation "LI	.C" or the abbreviation "L.L.C."
			·
A. If amending name, enter the new name o	f the limited liabi	lity company here:	
This amendment is submitted to amend the following	owing:		
Torida document number L08000033340	<u> </u>		
The Articles of Organization for this Limited Liability Company were filed on April 1, 2008			and assigned
		a April 1 2008	, , ,

## 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

Page ! of 3

rom	Rob	Royston	
1101, .	NOL	r. Oyston	

Fax: (239) 205-2225

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rean re

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	QUIGLEY III, THOMAS A.	6091 S. Pointe Blvd.	
		Ft. Myers, FL 33919	■ Remove
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n: Rob Royston	Fax: (239) 205-2225	To:	$(((H18000288952\ 3)))$	Page 4 of 4 10/04/2018 11 11 AM
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(li'an effectiv <u>Note:</u> If t	date, if other than the vedate is listed, the date must be date inserted in this bloom is effective date on the De	t be specific as ock-does not	d cannot be prior to date of filing or more the meet the applicable statutory filing required.	(optional) nan 90 days after filing.) Pursuant to 605.0207 ( mirements, this date will not be listed as t
	d specifies a delayed Oth day after the rec			, at 12:01 a.m. on the earlier of:
Dated Sep	ptember Z	9	2018	
	Laboration of the state of the	Signatun ol-	member of a there of a representative of a	meniker
	John A. Hirsch, III, mei	исет	Typed or printed name of signee	

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