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SECRETARY OF STATE
AND AHASSEE, FLORIDA

J. BRYAN

SEP 15 2010

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section  Division of Corporations
SUBJECT: LJD 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:
Andrea Forch Name of Person  Fig. 8. 7
ROSS TITLE & ESCROW, Inc.
599 Ninth S+N#300
Address
Naples, 12 34102
E-mail address: (to be used for Diture annual report notification)
For further information concerning this matter, please call:
Andrea Forch at 231, 434-7700  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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

LJD P	roperties, LLC		
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on or rida Limited Liability Company)	ar records.)	
The Articles of Organization for this Limited Liabil Florida document number	01-	and assigned	
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company here:		
		6	
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Company," th	e designation "LL or the abbreviation	
Enter new principal offices address, if applicable	e:	50 三四	
(Principal office address MUST BE A STREET A	DDRESS)	700 建	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO)	<u>X)</u>		
B. If amending the registered agent and/or registered agent and/or the new registered office	_	cords, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:		•	
	Enter Florida street address		
_	au.	, 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 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 **Title** <u>Name</u> **Address Type of Action** James M. Dolan Add A ☐ Remove Add Remove ∏Add Remove ∏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 Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00