## L100000 87766

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ALLAMASSEE, FLORID.

G. HARVEY

DEC 04

EXAMINER

## COVER LETTER

TO: Registration Se Division of Cor					
LJD Prop	perties, LLC				
NUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	endence concerning this matter	to the following:			
	Linda J. Dolan				
		Name of Person			
		Firm/Company			
	28260 Lisbon Ct. #2	821			
		Address			
	Bonita Springs, FL	34135		IA NOV 21	
		City/State and Zip Code		15 15 15 15 15 15 15 15 15 15 15 15 15 1	I
	sunshine136@gmail	.com to be used for future annual report notif	igntion)		[Y]
For further information of	oncerning this matter, please c	-	leation	# 2: 0 F STAT FLOOR	Ç
Linda J. Dolan		401 529-6823			
Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status &	
Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassec, FL 32	n ations nter Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LJD Properties, 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 8/20/2010 and assigned Florida document number L10000087766 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 "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

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

If smending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	The James M. Dolan Revocable	28260 Lisbon Ct. #2821	■ Add
	Trust - 1993	Bonita Springs, FL 34135	□ Remove
MGRM	The Linda J. Dolan Revocaம் k	28260 Lisbon Ct. #2821	■ Add CAlcenda
	Trus+ - 1993	Bonita Springs, FL 34135	Add (Allendo)  /istel
			Add  SS Remove  SS POP PR  SS POP
			□ Remove
			□ Add
			□ Add
			Remove

D. If amending any other information, enter characteristics and currently listed MGR is The Linda			ent			
is to add additional MGR <sup>M</sup> The Jai	is to add additional MGR <sup>M</sup> . The James M. Dolan Revocable Trust - 1993.					
NOTE: Linda's Trust is already in	your possession As we	are just Addin	g James			
		<del></del>	73			
E. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department	of receipt or filed date and cannot be more	(optional) e than 90 days after	, -			
Dated November 19	2014					
Signature of a mo	ember or authorized representative of a m	ember				
Linda J. Dolan						
7	yped or printed name of signee		<del></del>			

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Filing Fee: \$25.00

SECRETARY OF STATE AND ASSESSED FOR STATE