# L11000036639

(Re	equestor's Name)	
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2018 SEP -7 PH 2: 07

M. MILLIGAN EXAMINER

**SEP 21** 

# **GAIL W. CURTIS**

11635 N.W. 1<sup>st</sup> Avenue Gainesville, FL 32607 (352) 332-0838 Fax (352) 332-2926 Email: gailcurtis@jotar.com

September 6, 2016

### PERSONAL AND CONFIDENTIAL

Ms. Michelle Milligan
Senior Section Administrator
Division of Corporations
Bureau of Commercial Recording
850-245-6027
Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Lec 9/7

RE:

JOTAR MANAGEMENT SERVICES, LLC MAINT-CO SERVICES, LLC

BL INVESTMENT FUND, LLC

Dear Ms. Milligan:

Enclosed please find originally signed Articles of Amendment to Articles of Organization for the following entities:

JOTAR MANAGEMENT SERVICES, LLC MAINT-CO SERVICES, LLC BL INVESTMENT FUND, LLC

The Amendment for each Limited Liability Company will add CURTIS FAMILY, LP as a new MGR for each entity. Also, enclosed please find a check in the amount of \$60.00 for each (Filing Fee, Certificate of Status and Certified Copy).

Thank you for your assistance in advance.

Respectfully submitted Suffer

Sue Butler for Gail W. Curtis

GWC:gsb

**Enclosures** 

# **COVER LETTER**

TO:

	egistration Se ivision of Cor			
SUDIECT		ANAGEMENT SERVICES, L	LC.	
SUBJECT	·	Name of Lin	ited Liability Company	<del></del>
The enclos	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	rn all correspo	ondence concerning this matter	to the following:	
		GAIL W. CURTIS		
			Name of Person	<u> </u>
		JOTAR MANAGEMENT	SERVICES, LLC	
			Firm/Company	
	11635 NW 1ST AVENUE		E	
			Address	<del></del>
		GAINESVILLE, FLORID	A 32607	
		CALL CURTISMICTAR C	City/State and Zip Code	
•		GAILCURTIS@JOTAR.C	to be used for future annual report not	ification)
or further	information c	oncerning this matter, please c	·	
GAIL W.	CURTIS		352 332-0838	
	Name o	f Person	at () Area Code Daytim	ne Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ARTICLES OF A		
ARTICLES OF OR OF		
JOTAR MANAGEMENT SERVICES, LLC.		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records. bility Company)	2
The Articles of Organization for this Limited Liability Company we Florida document number $\frac{L11000036639}{L11000036639}$	ere filed on MARCH 25, 2011	and assigned
This amendment is submitted to amend the following:		,
A. If amending name, enter the new name of the limited liabilit	ty 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)		
·	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
-		
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on our records,	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	5	
	Enter Florida street address	
<del></del>	, Flor	ida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and ovided for in Chapter 605, F.	I am familiar with and S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CURTIS FAMILY, LP	11635 NW 1ST AVE., GAINESVI	Add
			☐ Remove
			☐ Change
		<del></del>	Add
		****	□ Remove
			☐ Change
·			Add
			□ Remove
			☐ Change
			Add
			Remove
			Change
·			
			Remove
			Change
			Add
			☐ Remove
			☐ Change

D. If amending any other informati	on, enter change(s) here: (Attach additional sheets, ij	f necessary.)
<u> </u>		
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Note: If the date inserted in this bloc document's effective date on the Dep	effective date, but not an effective time, at 12:	s, this date will not be listed as the
FRIDAY, SEPTEMBER 2	2016	
Dated TRIBAT, SET TEMBER 2	ignature of a member or authorized representative of a member	74-11 M
GAIL W. CURTIS	- ,	2018 SE
	Typed or printed name of signee	
	Page 3 of 3	

Filing Fee: \$25.00