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| (Re | equestor's Name) | | | |
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| PICK-UP | ☐ WAIT | MAIL | | |
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| Certified Copies | Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: LBJ 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: |
| JOHN BOGOVICH Name of Person |
| LBJ PROPERTIES, LLC Firm/Company |
| 2552 LANDALE LODP Address |
| THE VILLAGES, FL, 32162 City/State and Zip Code TISAAND JOHN & AOL, Com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| TOHN BOGOVICH at (352) 430-1658 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\times \text{Certificate of Status}\$ \$\times \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\$\$ \$Certified Copy (additional copy is enclosed)\$\$\$ \$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

| LBJ PRO | PERTIES, L. | L.C. |
|---|---|---------------------------------------|
| (Name of the Limited Lian) (A Flori | ility Company as it now appears on o da Limited Liability Company) | our records.) |
| The Articles of Organization for this Limited Liability Florida document number \(\L \) \(\lambda \) \(\text{OD 00 59} \). | Company were filed on <u>5</u> | $\sqrt{\frac{23}{25/1}}$ and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the line | 185, 1,6.6. | tion "LLC" or the abbreviation "LLC" |
| Enter new principal offices address, if applicable: | inned Ziaemi, Company, and design | |
| (Principal office address MUST BE A STREET ADL | DRESS) | 7 7 |
| | | 17 FEI |
| | | 225 |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | : - : |
| | | y Ot |
| B. If amending the registered agent and/or reg registered agent and/or the new registered office ad | | records, enter the name of the new |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | , | |
| | Enter Florida st | reet address |
| | City | , Florida Zip Code |
| | Cuy | 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 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

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

MGR = Manager

| AMBR = A | AMBR = Authorized Member | | | | | |
|---|--------------------------|----------------------|----------------|--|--|--|
| <u>Title</u> | <u>Name</u> | Address | Type of Action | | | |
| MGR | PATRICIA BOGONIC | H 2552 LANDALE L | | | | |
| | | THE VILLAGES, FL. 32 | | | | |
| | | AMBR | Change | | | |
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| If amending any other information, enter change(s) here: (Attach additional sheets, if nec | |
|--|------------------------------------|
| PATRICIA BOGOVICH WIL | L BELOME |
| AN AUTHORIZED MEMBER | , Upon |
| THE DEATH OR INABINIS | TY OF |
| JOHN BOGOVICH TO PER | FORM |
| HIS DUTIES PATRICIA B | DGDVICH |
| SHALL BECOME THE MANA | |
| | |
| Patricia Bogonich 2/2/17 | |
| John Begenich 2/2/17 | |
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| Effective date, if other than the date of filing: (opti | ional) |
| If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after Note: If the date inserted in this block does not meet the applicable statutory filing requirements, thi document's effective date on the Department of State's records. | r filing.) Pursuant to 605.0207 (3 |
| he record specifies a delayed effective date, but not an effective time, at 12:01 and The 90th day after the record is filed. | a.m. on the earlier of: |
| Dated FEB, 2, 2017. | |
| Julian Boyovak Signature of a member or authorized representative of a member | |
| Signature of a member or authorized representative of a member | |
| John Bogovich Typed or printed name of signee | |
| Typed or printed name of signee | |

Page 3 of 3

Filing Fee: \$25.00