# 11100082288

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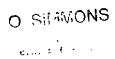


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## **COVER LETTER**

TO: Registration So 'Division of Cor			
SUBJECT:	TEM TOO Name of Um	erty L L C	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Name of Person	
	Jennifer C. A	rank, P.A. (dba Fra	ankfamily Law Practice
		a Ave, Suite	
	Jenniferla	City/State/and Zip Code  Trank family to be used for future annual report politic	Law, com
For further information of	E-mail address: (concerning this matter, please concerning this matter)	•	ication)
		at (407) 760 -0	1896 (cell) OR Telephone Number -2208 (wk)
Enclosed is a check for t	he 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)

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

JEM I	PROPERTY LLC
( <u>Name of the Limited  </u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabi Florida document number <u>L11000082288</u>	ility Company were filed on <u>07/i8/2011</u> and assigned
This amendment is submitted to amend the following	ing:
A. If amending name, enter the new name of th	e limited liability company here:
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.C."
Enter new principal offices address, if applicable	le:
(Principal office address MUST BE A STREET A	ADDRESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	2.0
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new e address here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
-	, Florida
	Cny Zip Cone

#### 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Mark Racicot	2170 Blossom Ln	Add
		Winter Park, FL 3	.2787 □ Remove
			Change
			Add
			Remove Change
			Addition 1
			Remove
			□ Add
			□ Remove
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			□ Add
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Note: If the	date, if other than the date of filing:	o <b>tional)</b> fer filing.) Pursuant to 605.020' his date will not be listed as
	d specifies a delayed effective date, but not an effective time, at $12:01$ ith day after the record is filed.	a.m. on the earlier o
Dated	Dec 19. 2017.	
_		
	Signature of a member or authorized representative of a member	
	Jennifer C. Frank	

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Filing Fee: \$25.00