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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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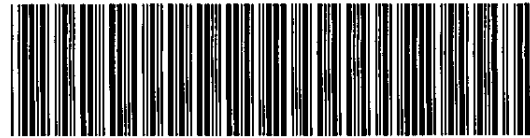
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SEP 27 2012

EXAMINER



100240013551

09/26/12--01018--010 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 SEP 26 PM 2:57

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JOSH 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:

ROMAN SKYLAR
Name of Person

Firm/Company

11250 NW 12 ST
Address

PLANTATION, FL 33323
City/State and Zip Code

DOCRAVEN74@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROMAN SKYLAR at (954) 288-7295
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

JOSH PROPERTIES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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DIVISION OF CORPORATIONS
12 SEP 26 PM 2:57

The Articles of Organization for this Limited Liability Company were filed on 4/4/2012 and assigned
Florida document number L12-000046087.

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)

11250 NW 12 ST

PLANTATION, FL 33323

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11250 NW 12 ST

PLANTATION, FL 33323

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: _____

11250 NW 12 ST

Enter Florida street address

PLANTATION

City

Florida

33323

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>SKYLAR FAMILY HOLDINGS, LP</u>	<u>11250 NW 12 ST</u> <u>PLANTATION, FL 33323</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>SKYLAR, ROMAN E</u>	<u>15290 SW 37TH STREET</u> <u>DAVIE, FL 33331</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 9/22/2017, _____



Signature of a member or authorized representative of a member

ROMAN SKYLAR

Typed or printed name of signee