## 13000002642

(Requesto	r's Name)
(Address)	
(Address)	
(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	t Number)
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9/19/2014 Ht

## **COVER LETTER**

ro:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations	•	
SUBJECT:	+ & J Propert		·
	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Joel 1	O. Rossmell Name of Person	
	<u>H&amp;J</u>	Properties LLC Firm Company	
	14235 0	13rd Street Address	
	Fellsmere	FL 32948 City/State and Zip Code ell @ Ama: 1. Com o be used for future annual report noti	
	- i	City/State and Zip Code	
	10elross PM	ell@amailicam	(fication)
			meanon)
For further information co	oncerning this matter, please ca	di:	
Joel Ross	mell	at (772) 473 -	4188
Name of	<del></del>		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)
Mailing Address Registration S		Street Address: Registration Se	ction
Division of Co		Division of Cor	
P.O. Box 632	7	The Centre of T	l'allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

FILED

H&J Properties L  (Name of the Limited Liability Comp. (A Florida Limited)	any as it now appears o	2021 AUG 27 AM 10: 13  SECRETARY OF STATE nour Fedorda MASSEE, FILLS
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000002642</u> .	1	$\frac{17}{2013}$ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here	:
The new name must be distinguishable and contain the words "Limited Liab		· ·
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	14235 Fellsmer	93rd Street , FL 32948
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	14235 Fellsmere	93rd Street FL 32948
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our reco	rds, enter the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
	City	, Florida
New Registered Agent's Signature, if changing Registered Agent:	•	гар Спис
I hereby accept the appointment as registered agent and agr	ree to act in this cat	pacity. I further agree to comply with

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 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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Jennifer L. Rossmell	300 94th Avenue Vero Beach, FL 32968	□ Add
		Vero Beach, FL 32968	Remove
			□Change
			□ Add
			Remove
			□Change
<del></del>			□Add
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			□Change

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. Effectiv	e date, if other than the date of filing:(optional)
Note:	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the not's effective date on the Department of State's records.
the record cord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	8/24/2021  Signature of a member or authorized representative of a member  Toel Rossnell  Typed or printed pages of signary
	Mid Model
	Signature of a member or authorized representative of a member
	Joel Rossmell

3. It amending any other information, enter change(s) here: (Attach adattional sheets, if necessary.)

Filing Fee: \$25.00