

L13000110508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2015 AUG 24 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MLG/ghm AUG 25 2015

COVER LETTER

TO: Registration Section
Division of Corporations

JJT HOSPITALITY 9, LLC

SUBJECT: _____
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:

Marc R. Tiller, Esq.

Name of Person

The Tiller Law Group, P.A.

Firm/Company

15310 Amberly Drive, Suite 180

Address

Tampa, FL 33647

City/State and Zip Code

fegmusic@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Frank Goldbach

863 243-9411

Name of Person

at ()

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

F.G. 

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

FILED

2015 AUG 24 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JJT HOSPITALITY 9, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 08/06/13 and assigned
Florida document number L13000110508.

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)

1405 Hyde Street

Sebring, FL 33875

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1405 Hyde Street

Sebring, FL 33875

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:

Frank Goldbach

New Registered Office Address:

1405 Hyde Street

Enter Florida street address

Sebring

Florida

33875

City

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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

FG. *[Signature]*

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Frank Goldbach	1405 Hydee Street	<input checked="" type="checkbox"/> Add
		Sebring, FL 33875	<input type="checkbox"/> Remove
MGRM	Patricia Taylor	1405 Hydee Street	<input checked="" type="checkbox"/> Add
		Sebring, FL 33875	<input type="checkbox"/> Remove
MGRM	Bryan Vincent	166 Southern Pine Way	<input type="checkbox"/> Add
		Davenport, FL 33837	<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

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

★

Dated August 2015

★



Signature of a member or authorized representative of a member

Frank Goldbach, MGRM

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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