113000162597

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SEGRETARY OF STATE

A. BUTLER FEB 2 3 2022

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	PRATION: JTOG CONSULTI	NG LLC		
	IBER: 13000162597			
	s of Amendment and fee are su	bmitted for fil	ing.	
Please return all corr	espondence concerning this ma	tter to the folk	owing:	
	JOSHUA GREEN			
		Name of C	ontact Person	n
	JTOG CONSULTING LLC			
		Firm/ (Company	
	1936 BRUCE B DOWNS BL	VD STE 218		
		Ad	dress	
	WESLEY CHAPEL, FL 335	44		
		City/ State	and Zip Cod	c
	CONSULTING@JTOG.ORG	j.		
	E-mail address; (to be us	sed for future a	innual report	notification)
For further information	on concerning this matter, pleas	se call:		
JOSHUA GREEN		ati	813	4215674
Name	of Contact Person			de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the	Florida Dep	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Fi Certified (Additional enclosed)	Copy I copy is	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 llahassee, FL 32314		Amend Division The Control 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

COLUMN

	Registration Se Division of Co		•		
emp icz		SULTING LLC			
SUBJEC	.1:	Name of Limited Liability Company			
The encl	oced Articles of	Amendment and fee(s) are sub	mitted for filing	-	
		ondence concerning this matter	-		
		JOSHUA GREEN			
		 	Name of Person		
		JTOG CONSULTING LL	С		
		, , , , , , , , , , , , , , , , , , , ,	Firm/Company	<u> </u>	
		1936 BRUCE B DOWNS	BLVD STE 218		
		·	Address	· · · · · · · · · · · · · · · · · · ·	
		WESLEY CHAPEL, FL 3	3544		
			City/State and Zip Code		
		CONSULTING@JTOG.OF			
		E-mail address: (to be used for future annual report noti	fication)	
For furth	er information c	concerning this matter, please ca	all:		
JOSHUA	A GREEN		813 813-421-567	74	
	Name o	of Person	Area Code Daytim	e Telephone Number	
Enclosed	is a check for the	he following amount:			
\$25.6	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 Davietmation		Street Address:	ction	
	Registration 5 Division of C		Registration Se Division of Cor		
	P.O. Box 632	2.7	The Centre of T	•	
	Tallahassee, 1	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

FILED

JTOG CONSULTING LLC

(Name of the Limited Liability Company as it now appears on our records B - 7 AH 7: 47
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on HI/20/2013 TALL AHASSE	STATE Eard assigned
Florida document number L13000162597		· •••
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company here: JTOG PROPERTY MANAGEMENT LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."		
JTOG PROPERTY MANAGEMENT LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:	1936 BRUCE B DOWNS BLVD	
cipal office address MUST BE A STREET ADDRESS) SUITE 218	SUITE 218	
	WESLEY CHAPEL, FL 33544	
Enter new mailing address, if applicable:	1936 BRUCE B DOWNS BLVD SUITE 218	
(Mailing address MAY BE A POST OFFICE BOX)	WESLEY CHAPEL, FL 33544	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name	of the new registered
New Registered Office Address:		 -
	Enter Florida street address	
	Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>:</u>	

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

or removed	from our records:		-
MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
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Effective	e date, if other than the date of filing:	107
it an ettec <u>Note:</u> If	tive 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 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	as
	it's effective date on the Department of State's records.	
	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	ıc
rd is filed	1.	
, F	EBRUARY 2 , 2022	
Dated _		
	Signature of member of authorized representative of a member	

Typed or printed name of signee