# LI4000000151

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

**S Warren** MAY 1 9 2017

## **COVER LETTER**

Division of Corporations
SUBJECT: E.M. J.B Preferred 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:
Ezra Walters Name of Person
E.M. T.B Preferred Properties, LLC
13282 Long Cypress Trail
Jackson Ville FL 32223 City/State and Zip Code
· · · · ·
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: 904 - 514 - 8403
Ezra Walters at (904) 514 - 8403  Name of Person Area Code Daytime Telephone Number
Name of Ferson
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

### MAILING ADDRESS:

TO:

**Registration Section** 

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

Name of the Limited Liability Complex (A Florida Limited)	Derties, LLC invasit now appears on our records.) Clability Company)
The Articles of Organization for this Limited Liability Company Florida document number 14000006151.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here: N/A
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	N/A
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and

Page 1 of 3

If Changing Registered Agent, Signature of New Regis

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
EVP_	Rosemarie Walters	13282 Long Cypross Trail Tacksonville, FL 132223	Add
			Remove
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2)	Rosem	arie.	Walters		49	0/0				
3)	Micha	el	Walters	·	Ø	0/0				
4)	Jonath	nan	Walters		Ø	%				
5)	Brya	<u> </u>	Walters		Ø	%				
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