L 14 0000 52885

	_
(Requestor's Name)	
(Address)	
(Address)	_
(City/State/Zip/Phone #)	
PICK-UP WAIT] MAIL
(Business Entity Name)	
(Document Number)	
ertified Copies Certificates of Stati	us
Special Instructions to Filing Officer:	
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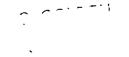
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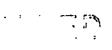
2019 DEC 18 PH 2: 00



COVER LETTER

_	istration Section ision of Corporations	·	
SUBJECT	JTS PROPERTY INVESTORS LLC		
	Name of Foreign	Limited Lial	pility Company
Dear Sir or	Madam:		
The enclose	d application, certificate and fee(s)	are submitted	for filing.
Please retur	n all correspondence concerning this	s matter to the	following:
JACKELINE	HERNANDEZ		
	Name of Person		-
JS PROPERT	Y INVESTORS LLC		
	Firm/Company		
7587 TOPIA	(Y AVE		_
	Address		-
BOYNTON	BEACH , FL 33437		
	City/State and Zip Code		-
coolurdaz@g	mail.com		
E-mail ad	dress: (to be used for future annual	report notifica	tion)
For further i	nformation concerning this matter, p	olease call:	
	HERNANDEZ	954 at (650-0881
	Name of Person	Area Code	& Daytime Telephone Number
Reg Divi P.O.	ing Address: istration Section sion of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enci ■\$25 Filing CR2E055 (9/15	Certificate of Status	mount: □ \$55 Filing Certified C	~ ,

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 DEC 18 PM 2: 06

JTS PROPERTY INVESTORS LLC		
(Name of the Limited Liab) (A Florid	ility Company as it now appears on our da Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability	Company were filed on 04/01/2014	and assigned
Florida document number L14000052885	· · ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited 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 ADD	RESS)	
	N	
Enter non-mailing address if annihila.		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, g	enter the name of the new register
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 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

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>	Name	Address	Type of Action
VP	EDWARDO HERNANDEZ	7587 TOPIARY AVE BOYNTON BCH, FL.33437	■Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			_ □Change
			□Add
			CRemove
			Change
			_ 🗆 Add
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	•		_ Change
			_ 🗆 Add
		·-·	□Remove
			_ □Change

Edwardo Hernandez is know V			
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tive date, if other than the da	12/14/2019		
ffective date is listed, the date must be	specific and cannot be prior t	o date of filing or more than 90	(optional) days after filing.) Pursuant to 605.02
If the date inserted in this block nent's effective date on the Depa	does not meet the applicat	ble statutory filing requirer	nents, this date will not be listed
none a crice are and on the Depa	runent of state s records.		
rd enecifice a deleved effective d	nta libra mat un afficiale. Al		
rd specifies a delayed effective di iled.	me, but not an enfective un	ie, ut 12:01 a.m. on the ear	ner of: (b) The 90th day after the
DECEMBER 14	2019		
		#	
	- hui	full	
		<u>(* </u>	
Sig	nature of a member or author	ized representative of a memb	er er

Filing Fee: \$25.00