C14000071513

(Reque	estor's Name)	
(Addre	ss)	
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(City/S	tate/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Docum	nent Number)	
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COVER LETTER

TO: Registration Section * Division of Corporations

EER LAKE CIRCLE 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:

JOSEPH L RUGGIERO JR

Name of Person

Firm/Company

30513 GIDRAN TERRACE

Address

MOUNT DORA, FL 32757

City/State and Zip Code

joeruggiero40@yahoo.com

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

For further information concerning this matter, please call:

Joseph L Ruggiero Jr

at (407) 618-4971

Area Code Daytime Telephone Number

Name of Person

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEER LAKE CIRCLE LLC (Name of the Limited Liability Company as it no (A Florida Limited Liability Company)	ow appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file Florida document number <u>L14000071513</u>	ed on 5/2/2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	<u>ipany here:</u>
JLR PROPERTIES 2, LLC	20
The new name must be distinguishable and end with the words "Limited Liability Comp	
Enter new principal offices address, if applicable:	ARE S
(Principal office address MUST BE A STREET ADDRESS)	\$\$ 5 \$\$
Enter new mailing address, if applicable:	STATE LURIUM
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address here: Name of New Registered Agent:	lress on our records, enter the name of the new
Name of New Register Agent.	
New Registered Office Address:	Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

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

Manager Authorized Member		
<u>Name</u>	Address	Type of Action
		Add
		□ Remove
		Remove
		ARYES FLORIDA
		Add
		_ ☐ Remove
	, 	☐ Remove
		□ Add
		□ Remove
		Name Address

		- - -
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		- -
	**************************************	-
		-
ffective date, if other than the date of filing:	(optional) of receipt or filed date and cannot be more than 90 days after	
he effective date must be specific, cannot be prior to date on the date this document is filed by the Florida Department of		
September 9	2014	.s 28
0/10	1	TORK THE
bush & Tues , 1	h, ==	<u>_</u> +
Joseph L Ruggiero Jr	mber or authorized representative of a member	第 5

Page 3 of 3

Filing Fee: \$25.00