114000140725

(Requ	iestor's Name)	
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(City/S	State/Zip/Phone	⇒ #)
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COVER LETTER

TO:	Registration Se Division of Cor			
OTTO T	HUB2POIN	TOLLC		
SUBJ	EC1:	Name of Lim	ited Liability Company	
The en	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Evan Berlin, Esquire		
		44 (4 - 18 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Name of Person	·
		Berlin Patten Ebling, PLLC	2	
			Firm/Company	
		3700 S. Tamiami Trail, Sui	ite 200	_
			Address	
		Sarasota, Florida 34239		
			City/State and Zip Code	
		eberlin@berlinpatten.com	to be used for future annual report notifi	cation
For fu	rther information co	oncerning this matter, please or		canony
Evan l	Berlin		941 954-9991 at (
	Name o	Person	at (Telephone Number
Enclos	sed is a check for th	e following amount:		
□ \$ 2	5.00 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

(Name of the Limited Liability Compan (A Florida Limited Li	s as it now appears on our records.)			
The Articles of Organization for this Limited Liability Company vi Florida document number L14000140725	were filed on 09/09/2014	a	nd assign	ed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company here:			
The new name must be distinguishable and contain the words "Limited Liability	ry Company," the designation "LI.C" or the	: abbreviat	ion "L.L.C	.''
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
			<u></u>	
Enter new mailing address, if applicable:		12 12	## - -	
(Mailing address MAY BE A POST OFFICE BOX)		; · ·		
		• • • • • • • • • • • • • • • • • • • •		<u>.</u>
B. If amending the registered agent and/or registered offi	ice address on our records, ente	<u>;:</u> er the⊨n		the ne
registered agent and/or the new registered office address here:			5	
Name of New Registered Agent:				= .
New Registered Office Address:				
-	Enter Florida street address			
	, Florida	78.	Code	
	Cuy	Zip	Lode	

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>	<u>Name</u>	Address	Type of Action
MGR	JMB Parent, LLC	1233 Gulfstream Avenue	
		Sarasota, FI. 34236	Add
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			Change
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effective date is listed, the date must be	specific and cannot be prior	to date of filing or mor	e than 90 days after filing.)	Pursuant t	io 605 .0
ment's effective date on the Depar	tment of State's records.	able statutory ming	requirements, this date	MIN HOLD	+
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ecord specifies a delayed eff	fective date, but no	t an effective tir	ne, at 12:01 a.m. o	on the e	arlier
e 90th day after the record	is filed.		·		
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d APRIL 12		<u> </u>			
					
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Filing Fee: \$25.00