

L14000146902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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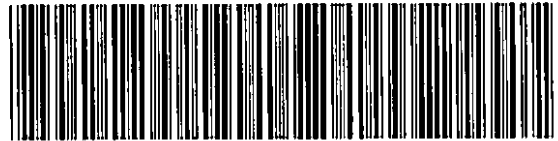
(Business Entity Name)

(Document Number)

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JUN 25 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JOTO 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:



SHIMON MAZAR

Name of Person

JOTO PROPERTIES LLC

Firm/Company

8320 W SUNRISE BLVD, STE 207

Address

PLANTATION FL 33322

City/State and Zip Code

SHIMON.MAZAR@HVFLA.COM

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

2  
and change

For further information concerning this matter, please call:

SHIMON MAZAR

954 397-3967  
at ( )

Name of Person

Area Code

Daytime Telephone Number

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**

JOTO PROPERTIES LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 9/18/2014 and assigned  
Florida document number 1.14000146902.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)**

8320 W SUNRISE BLVD. STE 207

PLANTATION FL 33322

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

8320 W SUNRISE BLVD. STE 207

PLANTATION FL 33322

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

SHIMON MAZAR

New Registered Office Address:

8320 W SUNRISE BLVD. STE 207

Enter Florida street address

PLANTATION

City


Florida

33322

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 an existing 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	TOM HUSTON JR	1121 MADRUGA AVE # 401	<input type="checkbox"/> Add
		CORAL GABLES FL 33146	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOHN C SULLIVAN JR	2555 PONCE DE LEON BLVD - #	<input type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SHIMON MAZAR	8320 W SUNRISE BLVD STE 207	<input checked="" type="checkbox"/> Add
		PLANTATION FL 33322	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

SECRETARY OF STATE  
DIVISION OF CONSTRUCTION

F. Effective date, if other than the date of filing: 06/01/2018 (optional)

(If an effective 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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 06/01/2018

T. W. 17  
Signature of a member or authorized representative of a member

Tina Hoffman Jd  
Typed or printed name of signee

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DIVISION OF CONSULAR AFFAIRS  
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