## 14000181091

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900281911479

02/15/16--01014--012 \*\*55.00

16 FEB IS ANII: 00

FEB 1 6 2016 Y SULKER MENDENFREIMAN

YOUR FUTURE IS HERE\*

Amanda P. McDaniel (770) 559-5587 APRESCOTT@MENDENFREIMAN.COM

P. llc Davis

February 11, 2016

**UPS** 

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: TJF, LLC and JOF, LLC (collectively, the "Companies")

Dear Sir or Madam:

Enclosed please find Articles of Amendment to Articles of Organization (collectively, the "Amendments") for the Companies, with their respective Cover Sheets, and two checks for \$55.00 each (to cover the filing and certified copies fees). The Amendments are being filed to change the registered agent and physical address of the Companies.

If you should have any questions regarding the Companies and/or the enclosures, please contact me via e-mail or phone. Otherwise, please use the enclosed self-addressed, stamped envelope to return the certified copies to me. Your assistance with this matter is greatly appreciated.

Sincerely,

Amanda P. McDaniel

Paralegal

**Enclosures** 

## **COVER LETTER**

TO:

**Registration Section** 

P.O. Box 6327

Tallahassee, FL 32314

Division of Co	rporations		
TJF, LLC			
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	AMANDA P. MCDANIEI		
		Name of Person	
	MENDEN FREIMAN, LL	P	
		Firm/Company	
	5565 GLENRIDGE CONT	NECTOR, NE, SUITE 850	
		Address	
	ATLANTA, GA 30342		
		City/State and Zip Code	
	amcdaniel@mendenfreimar	<ul> <li>1.com</li> <li>to be used for future annual report notifi</li> </ul>	cation)
For further information	concerning this matter, please ca		
Amanda P. McDaniel		770 559-5587	
Name	of Person		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)
Regis	LING ADDRESS: tration Section ion of Corporations	STREET/COURIE Registration Section Division of Corpora	ı

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_ and assigned				
viation "L.L.C."				
Suite 3				
Fort Myers, FL <del>33966</del> 339/2—				
· · · · · · · · · · · · · · · · · · ·				
Fort Myers, FL 33966 33912 7				
(a) (a)				
본 흥				
Fort Myers, FL 33966 339/2  g address, if applicable:  MAY BE A POST OFFICE BOX)  Fort Myers, FL 33966 339/2  The registered agent and/or registered office address on our records, enter the name of the new nd/or the new registered office address here:				
5 33912 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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
		·	
			☐ Remove
			Change
<del></del>		<u></u>	□ Add
			□ Remove
			☐ Change
			Add  16 Femove  SS Change
			☐ Remove
			☐ Change
			□ Add
			Remove
	·		☐ Change
			Add
			Remove

\_□ Change

• • • • • • • • • • • • • • • • • • •						-
		<u></u>				-
						_
	- <u>-</u> -					
		<u> </u>				-
						_
		<u> </u>			•••••	
					-	_
						-
						_
					<u></u>	_
					FEB	
	<del></del>			85	<u></u>	 ţ
				<u> </u>	2.5	- ş
				<u> </u>		į
				27	0	- '
				The state of the s		-
						_
				·····		-
fective date, if other than the date of fili an effective date is listed, the date must be specific a	ng:	to date of filing or	more than 90 days	ptional) after filing.) Pursua	nt to 605	5.02
ote: If the date inserted in this block does not	t meet the applica	able statutory file	ing requirements,	this date will no	t be list	ted
ocument's effective date on the Department of	State's records.					
			No. 2 40.0	)		
and a control of the land of the skine	4-4- 14-4	r an offoctive	time, at 12:t	or a.m. on the	e earn	ler
		t all circulve				
		an enective				
The 90th day after the record is filed		t dir circciive				
e record specifies a delayed effective. The 90th day after the record is filed ated		_·				
The 90th day after the record is filed		Tut-				

Page 3 of 3

Filing Fee: \$25.00