L15000038414

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

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CAPITAL CONNECTION, INC.417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

JLJ PROPERTIES	, LLC		
L02000017880			
			
· · · · · · · · · · · · · · · · · · ·			Art of Inc. File
			LTD Partnership File
]	Foreign Corp. File
		Í	L.C. File
		<u> </u>	Fictitious Name File
			Trade/Service Mark
		ļ	Merger File
			Art. of Amend, File LLC
		<u> </u>	RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
		✓	Photo Copy
		_	Certificate of Good Standing
			Certificate of Status
		<u> </u>	Certificate of Fictitious Name
		ļ	Corp Record Search
			Officer Search
		Ì	Fictitious Search
Signature			Fictitious Owner Search
			Vehicle Search
			Driving Record
Requested by: BA	07/22/15		UCC 1 or 3 File
Name		ime	UCC 11 Search
			UCC 11 Retrieval
Walk-In	_ Will Pick Up		Courier

COVER LETTER

Division of Cor			
JLJ Proper SUBJECT:			
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	mitted for filing.	
Please return all correspond	ondence concerning this matter i	to the following:	
	Jesse Caedington		
		Name of Person	
	Holden, Carpenter & Rosco	ow, PL	
		Firm/Company	
	5608 NW 43rd Street		
		Address	
	Gainesville FL 32653		
		City/State and Zip Code	
	jesse@hcrklaw.com		
	E-mail address: (t	to be used for future annual repo	ort notification)
For further information of	concerning this matter, please ca	all:	
Jesse Caedington		352 373.77 at ()	788
Name	of Person	Area Code I	Daytime Telephone Number
Enclosed is a check for t	the following amount:		
	-		*** * * * * * * * * *
■ \$25.00 Filing Fee	☐ \$30 00 Filing Fee & Certificate of Status	☐ \$55 00 Filing Fee & Certified Copy (additional copy is enclose	☐ \$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

JLJ Properties, LLC		
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on imited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Con Florida document number L15000038414	mpany were filed on $\frac{3/2/201}{}$.	5 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limite</u>	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	(SS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	-	
B. If amending the registered agent and/or registered agent and/or the new registered office addre		r records, <u>enter the name of the</u>
Name of New Registered Agent		
New Registered Office Address:		
	Enter Florida s	treet address
	271.	, 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

1>

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	Julie Jacobson	35 Hybiscus Avenue	⊟ Add
		Saint Augustine, FL 32084	☐ Remove
		· · · · · · · · · · · · · · · · · · ·	Change
MGR	John Jacobson	35 Hybiscus Avenue	■ Add
		Saint Augustine, FL 32084	□ Remove
			Change
			Remove
			☐ Change
			Remove
			□ Change
			Add
			☐ Remove
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<u>le:</u> umi	ve date, if other than the date of filing:
rec	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records. Ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.
<u>e:</u> um rec he	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records. Ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.
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<u>le:</u> umi	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records. Ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed. Oug 22 Signature of a member or authorized representative of a member

Filing Fee: \$25.00