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(Re	equestor's Name)	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO:		stration Sec sion of Corp					
cup u		TJM John's	Pass, LLC				
SUBJE	ici:	T: Name of Limited Liability Company					
The en	closed	Articles of A	Amendment and fee(s) are subt	mitted for filing.			
Please	return	all correspor	ndence concerning this matter t	to the following:			
			Richmond C. Flowers, Esq				
				Name of Person			
			Adams and Reese LLP				
			Firm/Company				
			150 2nd Avenue North, Ste	e. 1700			
				Address			
			St. Petersburg, FL 33701				
				City/State and Zip Code	•		
			rick.flowers@arlaw.com	to be used for future annual report n	outiestion		
For fur	ther in	formation co	oncerning this matter, please ca		(Milicanoli)		
Richm	ond C	. Flowers		727 502-8269 at () Area Code Day			
		Name of	Person	Area Code Day	time Telephone Number		
Enclos	ed is a	check for th	e following amount:				
\$2	5.00 F	iling 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**

TJM John's Pass, LLC	
(Name of the Limited Liability (A Florida)	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Colorida document number L16000003602	ompany were filed on January 6, 2016 and assigned
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	led liability company here:
he new name must be distinguishable and contain the words "Limit	ted 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 ADDR	ESS)
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or regist egistered agent and/or the new registered office addr	tered office address on our records, enter the name of the ress here:
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address:	Enter Florida street address
New Registered Office Address:	Enter Florida street address , Florida City Zip Code

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	Frank Dagostino	P.O. Box 8491	Add
		Maderia Beach, FL 33738	□ Remove
			Change
		<u></u>	Add
			Remove
			Change
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ffective date, if other than an effective date is listed, the date	the date of filing: _	anot be prior to o	late of filing or mor	option (option) (option	nal) filing) Pursuant to	605.0207
ote: If the date inserted in th	is block does not mee	t the applicable	statutory filing	requirements, this	date will not be	listed as
ocument's effective date on the	ne Department of State	e's records.				
e record specifies a dela		e, but not a	n effective tir	ne, at 12:01 a.	.m. on the ea	arlier of
The 90th day after the	record is filed.					
ated February 6	:	2018				
	2 01	····				
	CH					
/AA	- - 7	n hom on Allera	d representative o	fa member		_

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00