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PICK-UP	☐ WAIT	MAIL
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MAR 0 7 2016 S. YOUNG

## **COVER LETTER**

TO: Registration Se , Division of Cor				
SUBJECT:	LTF Property Name of Line	Holding LLC ted Liability Company	· <del>·····</del>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	endence concerning this matter	to the following:		
	Joseph A	Name of Person		
	JKJFP	operty Holding	LLC	TALLARY 15 MM
	1067 E Br	andon Blvd.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Brandon,	City/State and Zip Code		1:05
	E-mail address (	uck quote mort q to be used for future annual report not	age.net	
For further information c	oncerning this matter, please ca	all:		
Joseph A Name o	Ferson	at (813) <u>1057-2</u> Area Code Daytime	2427 Telephone Number	
Enclosed is a check for the	he 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 Sta Certified Copy (additional copy is e	atus &

### 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

( <u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability (Florida document number <u>LIG 00036003</u>	_	22016 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	<u></u>
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC" o	or the abbreviation, L.L.C.
Enter new principal offices address, if applicable:		1 SSA
(Principal office address MUST BE A STREET ADD	RESS)	The state of the s
	<del></del>	1: 03 PA
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi- registered agent and/or the new registered office add	stered office address on our records, or descriptions of the state of	enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori City	da Zip Code
Now Designationed Assertly Signature of the section Designation	.4 4 4 .	

### 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
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		Jamal Kazbour	Change
			Remove
			IALChange TA
			- DAdd SSE
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Signature of a member or authorized representative of a member	February 25	, <u>2016</u> .			
Signature of a member of authorized representative of a member	Signature of a	member or authorized repress	entative of a	memher	
JOSEPH A FERREZZO Typed or printed name of signee	Signature of a	member of authorized represe	analiye bi a	in control	~

Page 3 of 3

Filing Fee: \$25.00