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## COVER LETTER

Registration Section Division of Corporations

JR Investments & Properties, LLC

Name of Limited Liability Company

osed Articles of Amendment and fee(s) are submitted for filing.

eturn all correspondence concerning this matter to the following:

Kevin P. Donaghy Eson

Donaghy Law
Firm/Company

195 Wekiva Springs Rd., Ste. 224

Longwood, FL 32779
City/State and Zip Code

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

er information concerning this matter, please call:

vin P. Donaghy, Esquire at (407) 478.6008

Area Code Daytime Telephone Number

I is a check for the following amount:

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

# **COVER LETTER**

TO: SUBJE		ation Section 1 of Corpora				
	l ECT:	JR	Investments	&	Properties	,LLC
	;	-	Name of Limited Lia		• •	

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kevin P. Donaghy, Esquire
Name of Person
Donaghy Law Firm/Company
Firm/Company
195 Wekiva Springs Rd., Ste. 224
Longwood, FL 32779 City/State and Zip Code
E-mail address: (to be used for future annual report notification)

.For further information concerning this matter, please call:

Kevin P. Donaghy, Esquire at (407) 478 · 6008

Name of Person 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 $\mathbf{OF}$

•	•
JR Investments	& Properties, LLC
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>LI600055553</u> .	were filed on $3/18/2016$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liability Limited Liability	ity 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)	195 Wekiva Springs Rd., Ste. 224 Longwood, FL 32779
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	195 Wekiva Springs Rd. Ste. 224 Longwood, FL 32779
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
Name of New Registered Agent: Kevin	
New Registered Office Address: 195 Wek	Enter Florida street address
Longwe	City, Florida 32779 Zip Code
New Registered Agent's Signature, if changing Registered Agent:	

### <u>N</u>

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.

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 Type of Action <u>Address</u> **Title** Name Jose Rodriquez 195 Weriva Springs Rd., Str. 224 Eladd MGR Longwood, FL 32779 Remove Change Secretary Ina Vaulene Stewart 306 Rising Sun Lane Old Hickory, TN 37138 Remove Change Add Remove Change Li Change ---**∷**Add Remove Change ■Add Remove **U**Change

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tive date, if other than the state of the date is listed, the date of this but the date inserted in this but the date in the d	ust be specific and	d cannot be prior t	o date of filing or r	nore than 90 days	optional) after filing.) Pursu	iant to 60	- 5.0

Page 3 of 3

Filing Fee: \$25.00