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(Requestor	s Name)
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(City/State/2	Zip/Phone #)
PICK-UP	WAIT MAIL
(Business E	Intity Name)
(Document	Number)
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COVER LETTER

TO: Registration Division of C			
SUBJECT:	A+J Properties Name of Limi	Rentals, U.C.	<u> </u>
The enclosed Articles	of Amendment and fee(s) are subi	nitted for filing.	
Please return all corre	spondence concerning this matter t	to the following:	
	Jonathan Capestany		
		Name of Person	
		Firm/Company	
	9816 Island Harbor Dr		
	·	Address	
	Port Richey, FL 34668		
	angela@amrlawfirm.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further informatio	n concerning this matter, please co	ill:	
Angela Reimer		813 475-6067 at ()	
Nan	e of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	or 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:

TO:

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

ARTICLÉS OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

At T Properties (Name of the Libited Liability Compa (A Florida Limited I	Rentals LLC my as it now appears on our records Liability Company)	<u>-</u> -)
The Articles of Organization for this Limited Liability Company Florida document number <u>L/L 000107878</u> .	. 1 (and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	9816 Island Harbor Dr	
(Principal office address MUST BE A STREET ADDRESS)	Port Richey, FL 34668	
		17/1 19 (81
Enter new mailing address, if applicable:	9816 Island Harbor Dr	DCT 15
(Mailing address MAY BE A POST OFFICE BOX)	Port Richey, FL 34668	<u> </u>
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	;
		orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	1	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
		·	
			□ Remove
			☐ Change
			□ Add
			□ Remove
			Change
			Add
			☐ Remove
			Change
			Add
			Remove
			☐ Change
			□ Add
		•	Remove
			Change
			☐ Remove
			☐ Change

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

	
	
	
ffective date, if other than the data an effective date is listed, the date must be lote: If the date inserted in this block ocument's effective date on the Depa	ate of filing:
e record specifies a delayed e The 90th day after the record	effective date, but not an effective time, at 12:01 a.m. on the earlier of is filed.
October 8 ated	2019
	$c \rightarrow 111 \rightarrow $
Si _Ł	ignature of a member of authorized representative of a member

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Filing Fee: \$25.00