

**L16000116663**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

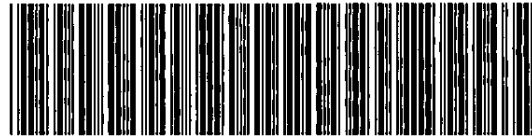
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



**800297547618**

04/10/17--01026--012 \*\*25.00

611 APR 10 P 12:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

**S Warren**

**APR 12 2017**

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NJD Real Estate Holdings, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

George Benninger

Name of Person

Firm/Company

10646 Smokehouse Bay Dr. # 202

Address

Naples, FL 34120

City/State and Zip Code

glbfirml@gmail.com

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

For further information concerning this matter, please call:

George Benninger

908

591-2417

at ( )

Name of Person

Area Code

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

OF

NJD Real Estate Holdings, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 6/16/2016 and assigned  
Florida document number L16000116663

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

10646 Smokehouse Bay Dr. # 202

(Principal office address MUST BE A STREET ADDRESS)

Naples, FL 34120

Enter new mailing address, if applicable:

10646 Smokehouse Bay Dr. # 202

(Mailing address MAY BE A POST OFFICE BOX)

Naples, FL 34120

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

George Benninger

New Registered Office Address:

10646 Smokehouse Bay Dr. # 202

Enter Florida street address

Naples

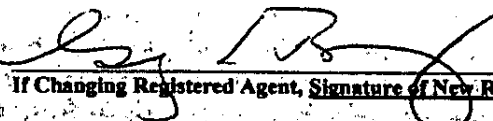
City

Florida 34120

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

Page 1 of 3

FILED  
JUN 16 2016  
10 12:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MGR = Manager  
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|-----------------------|
|--------------|-------------|----------------|-----------------------|

|     |                                |                               |                              |
|-----|--------------------------------|-------------------------------|------------------------------|
| MGR | 1031 Reverse Exchange Company, | 1520 Royal Palm Sq. Blvd #320 | <input type="checkbox"/> Add |
|-----|--------------------------------|-------------------------------|------------------------------|

|  |  |                      |                                            |
|--|--|----------------------|--------------------------------------------|
|  |  | Fort Myers, FL 33919 | <input checked="" type="checkbox"/> Remove |
|--|--|----------------------|--------------------------------------------|

|  |  |  |                                 |
|--|--|--|---------------------------------|
|  |  |  | <input type="checkbox"/> Change |
|--|--|--|---------------------------------|

|     |                           |                               |                                         |
|-----|---------------------------|-------------------------------|-----------------------------------------|
| MGR | NJD Investment Group, LLC | 10646 Smokehouse Bay Dr. #202 | <input checked="" type="checkbox"/> Add |
|-----|---------------------------|-------------------------------|-----------------------------------------|

|  |  |                  |                                 |
|--|--|------------------|---------------------------------|
|  |  | Naples, FL 34120 | <input type="checkbox"/> Remove |
|--|--|------------------|---------------------------------|

|  |  |  |                                 |
|--|--|--|---------------------------------|
|  |  |  | <input type="checkbox"/> Change |
|--|--|--|---------------------------------|

|  |  |  |                              |
|--|--|--|------------------------------|
|  |  |  | <input type="checkbox"/> Add |
|--|--|--|------------------------------|

|  |  |  |                                 |
|--|--|--|---------------------------------|
|  |  |  | <input type="checkbox"/> Remove |
|--|--|--|---------------------------------|

|  |  |  |                                 |
|--|--|--|---------------------------------|
|  |  |  | <input type="checkbox"/> Change |
|--|--|--|---------------------------------|

|  |  |  |                              |
|--|--|--|------------------------------|
|  |  |  | <input type="checkbox"/> Add |
|--|--|--|------------------------------|

|  |  |  |                                 |
|--|--|--|---------------------------------|
|  |  |  | <input type="checkbox"/> Remove |
|--|--|--|---------------------------------|

|  |  |  |                                 |
|--|--|--|---------------------------------|
|  |  |  | <input type="checkbox"/> Change |
|--|--|--|---------------------------------|

|  |  |  |                              |
|--|--|--|------------------------------|
|  |  |  | <input type="checkbox"/> Add |
|--|--|--|------------------------------|

|  |  |  |                                 |
|--|--|--|---------------------------------|
|  |  |  | <input type="checkbox"/> Remove |
|--|--|--|---------------------------------|

|  |  |  |                                 |
|--|--|--|---------------------------------|
|  |  |  | <input type="checkbox"/> Change |
|--|--|--|---------------------------------|

|  |  |  |                              |
|--|--|--|------------------------------|
|  |  |  | <input type="checkbox"/> Add |
|--|--|--|------------------------------|

|  |  |  |                                 |
|--|--|--|---------------------------------|
|  |  |  | <input type="checkbox"/> Remove |
|--|--|--|---------------------------------|

|  |  |  |                                 |
|--|--|--|---------------------------------|
|  |  |  | <input type="checkbox"/> Change |
|--|--|--|---------------------------------|

FILED  
JUL 11 2012  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

Blank lined area for document content.

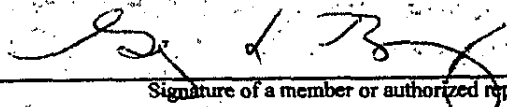
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated March 7, 2017



Signature of a member or authorized representative of a member

GEORGE L. BENNINGER

Typed or printed name of signer

**FILED**  
APR 10 P 12:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA