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## **COVER LETTER**

Division of Cor	porations		
JAZCO RE SUBJECT:	ALTY INVESTMENTS, LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Neil Bryan Tygar		
		Name of Person	·
	Neil Bryan Tygar, P.A.		
		Firm/Company	
	5341 West Atlantic Ave #3	303	
		Address	
	Delray Beach, FL 33484	•	
		City/State and Zip Code	
	ntygar@me.com		
	E-mail address: (	to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	all:	
Neil Tygar		561 455-0280 at () Daytime	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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** 

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

JAZCO REALTY INVESTMENTS, LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compartionida document number <u>L16000123608</u> .	ny were filed on <u>07/01/2016</u>	and assigned
This amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lis	ability company here:	
he new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation "LLC" of	r the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		233 = 7
Principal office address MUST BE A STREET ADDRESS)		
Inter new mailing address, if applicable:		3° I
Mailing address MAY BE A POST OFFICE BOX)		> =
3. If amending the registered agent and/or registered		enter the name of the
egistered agent and/or the new registered office address he	ere:	•
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street uddress	
, <u></u>	, Floric	da
	City	Zin 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

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	JAZCO Property Management LLC	5030 Champion Blvd, Suite G11-535 Boca Raton, FL 33496	☑ Add
			□ Remove
			Change
MGR	Jeffrey Zipper	5030 Champion Blvd. Suite G11-535 Boca Raton, FL 33496	
			☑ Remove
			□ Change
·····			
			□ Remove
			Change
		•	
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		Dr A	☐ Change

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