## 216000144757

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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
CUDI	A LA CARTE REALTY GROUP LLC		
SUBJ	Name of Limited Liability Company		
The er	aclosed Articles of Amendment and fee(s) are submitted for filing.		
Please	return all correspondence concerning this matter to the following:		
	LAURA L MOORE		
	Name of Person		
	H L HIRSCH & COMPANY, LLC		
	Firm/Company		
	1006 H E THOMAS JR PARKWAY		
	Address		
	SANFORD, FLORIDA 32771		
	City/State and Zip Code		
	HLHIRSCH@YAHOO.COM	±i Σα <u>κα</u> :	
	E-mail address: (to be used for future annual report notification)	2016 SECT	Marting
For fu	ther information concerning this matter, please call:		
LA	URA L. HOORE CPA at ()	AHASSEE	
_	Name of Person Area Code Daytime Telephone Number	ס ב	, ,
		98 53 53	_
Enclos	ed is a check for the following amount:	<b>32</b>	
\$2	(additional copy is enclosed) Certified (	e of Status &	

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

A LA CARTE REALTY GROUP LLC		
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on AUGUST 2, 2016	and assigned
Florida document number L16000144757	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
JACK LUIZ III PROPERTIES LLC		
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADL	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg	,	
	<del></del>	2016 - T
Name of New Registered Agent:		
		S 5
New Registered Office Address:	Enter Florida street address	
	, Florida, Citv	Zip Code
	- 2	

## 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 add or removed from our records:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Change
			Add
			Remove
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	st be specific and cannot be prior to date of filit ock does not meet the applicable statutor	<b>(optional)</b> ng or more than 90 days after filing.) Pursuant to 605.0207 ry filing requirements, this date will not be listed as
he record specifies a delaye The 90th day after the rec		tive time, at 12:01 a.m. on the earlier of
Dated	2016	
. 1	$\sim \sim 1.2$	

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Typed or printed name of signee

Filing Fee: \$25.00