# L17000090745

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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY F STATE
SECRETARY F STATE

D. SCOTT MAY 8 2017

# **COVER LETTER**

Division of Cor		•		
ElJ Proper SUBJECT:	ties, LLC			
SOBOLCI.	Name of Limit	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.		
Please return all correspo	ondence concerning this matter t	o the following:		
	Leah Jolin			
		Name of Person		
		Firm/Company		
	240 Pennsylvania Ave			
		Address		
	Palm Harbor, FL 34683			
		City/State and Zip Code		
•	leahjolin@gmail.com			TASE T
	E-mail address: (to	be used for future annual report notifi	cation)	锅盖力
For further information c	oncerning this matter, please cal	li:		調で下
Robert Savage		813 251-4890 at ( )		SE PE
Name o	f Person	Area Code Daytime	Telephone Number	ANASSEE PLONIDA
Enclosed is a check for the	ne following amount:			***
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (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

EIJ Properties, 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  $\frac{4/24/2017}{1}$ and assigned Florida document number L17000090745 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address City

### 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	Robert Savage	240 Pennsylvania Ave	☐ Add
		Palm Harbor, FL 34683	Remove
			Change
MGR	Leah Jolin	240 Pennsylvania Ave	<b>≣</b> Add
		Palm Harbor, FL 34683	Remove
			Change
		-	Add
			☐ Remove
			Change
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			☐ Change

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Filing Fee: \$25.00