## L17000 157986

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
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## **COVER LETTER**

· Div	ision of Corp	porations		
SUBJECT:		LDINGS LLC		
30 DJTX.1.		Name of Limi	ted Liability Company	
The enclosed	d Articles of :	Amendment and fee(s) are sub-	mitted for filing.	
Please returi	a all correspor	ndence concerning this matter (	to the following:	
		Sidney Roberts		
		<del>.</del>	Name of Person	
		JV LTC HOLDINGS LLC		
			Firm/Company	
		226 NOVA ROAD		
			Address	
		Ormond Beach, FL 32174		
			City/State and Zip Code	
		Woodlandee2@aol.com		
		E-mail address: ()	to be used for future annual report notifi-	cation)
For further i	nformation co	oncerning this matter, please ca	ıll:	
Sidney Rob	erts		386 366-0254	
	Name of	Person		Telephone Number
Enclosed is	a check for th	e following amount:		
■ \$25.00 E		☐ \$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)

TO:

Registration Section

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

JV LTC HOLDINGS LLC		
( <u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 7/24/2017	and assigned
Florida document number L17000157986	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	rited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or th	ne abbreviation "LLC" \(\sum_{\text{c}}\)
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
		<b>=</b> -
Enter new mailing address, if applicable:		<u>.</u>
(Mailing address MAY BE A POST OFFICE BOX)		
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered agent and/or the new registered office add		ter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	
<del></del> -	Cin:	Zin Co. L.

## 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	TAPIA, JILL	135 AVALON DRIVE	
		ORMOND BEACH, FL 32174	_ ■ Remove
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			Add
			Remove
			Change
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ective date, if other than the date of filing:  reflective date is listed, the date must be specific and cannot be prior to date of filing or more	(optional) te than 90 days after filing.) Pursuant to	605.020
te: If the date inserted in this block does not meet the applicable statutory filing ument's effective date on the Department of State's records.	requirements, this date will not be l	listed a
·		
record specifies a delayed effective date, but not an effective tir	ne, at 12:01 a.m. on the ea	rlier o
he 90th day after the record is filed.		
December 5 2017		
ed teteriner 5		
1 - W/2-		
Signature of a member or authorized representative o		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00