118000092335

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SECRETARY OF STATE OF CORPORATIONS

N COOPER MAY 15 2018

COVER LETTER

George Joh	n Properties LLC		
30000011	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:	
	Clifford Pardue		
		Name of Person	
	George John Properties LL	c	
		Firm/Company	
	101 35TH ST NW		
		Address	
	Bradenton, FL 34205		
		City/State and Zip Code	
	cliff.pardue@icloud.com		
	E-mail address: (to be used for future annual report notific	cation)
For further information c	oncerning this matter, please ca	all:	
Clifford Pardue		941 718-7961	
Name o	f Person	at () Area Code Daytime	Telephone Number
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)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

41 '

TO:

Registration Section Division of Corporations

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

GEORGE JOHN PROPERTIES LLC		
(Name of the Limited Liability Compan (A Florida Limited Lia	v as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company with Florida document number L18000092335	vere filed on 4/12/2018 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y 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)	iviš	2
	3 00	<u> </u>
	of c	AT .
Enter new mailing address, if applicable:	2 CO	
(Mailing address MAY BE A POST OFFICE BOX)		S
B. If amending the registered agent and/or registered office address here:		new
Name of New Registered Agent:		_
New Registered Office Address:		
	Enter Florida street address	_
	, Florida	_
	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office of company has been notified in writing of this change	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is	

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
AMBR	Gail Temianka	414 72ND ST	■ Add
		HOLMES BEACH, FL 34217	□ Remove
			☐ Change
			□ Add
			☐ Remove
		-	
			☐ Remove
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ctive date, if other than t	he date of filing:	La miles a de	.cer	(optional)) Dumanut (05 020)
effective date is listed, the date reg. If the date inserted in this ument's effective date on the	block does not meet the	e applicable sta	of ning or more that stutory filing requ	irements, this date	;) Pursuant to 605.020; will not be listed as
record specifies a delay ne 90th day after the r		but not an e	ffective time,	at 12:01 a.m.	on the earlier o
ed May 9	, 201	8			
All					
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Filing Fee: \$25.00