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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
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(Do	cument Number)	
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COVER LETTER

ction porations				
RTIES LLC				
Name of Lim	ited Liability Company			
Amendment and fee(s) are sub	mitted for filing.			
ndence concerning this matter	to the following:			
CHRISTOPHER PUCCIO				
	Name of Person			
IJG PROPERTIES LLC				
	Firm/Company			
66 SOUTHDOWN RD		_,		
	Address		2	
HUNTINGTON, NY 1174	3		330	
CHRIS.M.PUCCIO@GMA	City/State and Zip Code IL.COM		7	77
E-mail address: (to be used for future annual report notifi	cation)	7 =	-
oncerning this matter, please ca	all:		انی	
O	516 582-7067		·	
f Person	Area Code Daytime	Telephone Number		
ne following amount:				
☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate Certified C	of Status & lopy	
	Amendment and fee(s) are sub- ndence concerning this matter CHRISTOPHER PUCCIO UG PROPERTIES LLC 66 SOUTHDOWN RD HUNTINGTON, NY 1174 CHRIS.M.PUCCIO@GMA E-mail address: (oncerning this matter, please c O f Person	Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: CHRISTOPHER PUCCIO Name of Person IJG PROPERTIES LLC Firm/Company 66 SOUTHDOWN RD Address HUNTINGTON, NY 11743 City/State and Zip Code CHRIS.M.PUCCIO@GMAIL.COM E-mail address: (to be used for future annual report notificoncerning this matter, please call: O 1516 582-7067 Area Code Daytime 1530.00 Filing Fee & Certificate of Status Certified Copy	RTHES LLC Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: CHRISTOPHER PUCCIO Name of Person IJG PROPERTIES LLC Firm/Company 66 SOUTHDOWN RD Address HUNTINGTON, NY 11743 City/State and Zip Code CHRIS.M.PUCCIO@GMAIL.COM E-mail address: (to be used for future annual report notification) oncerning this matter, please call: O at (Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: CHRISTOPHER PUCCIO Name of Person IJG PROPERTIES LLC Firm/Company 66 SOUTHDOWN RD Address HUNTINGTON, NY 11743 City/State and Zip Code CHRIS.M.PUCCIO@GMAIL.COM E-mail address: (to be used for future annual report notification) oncerning this matter, please call: O 1516 Area Code Daytime Telephone Number The following amount: S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certificate Copy Certificate of Status & Certified Copy Certificate of Status & Certificate Copy Area Code Certificate of Status & Ce

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

IJG PROPER	RTIES LLC	
(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on JUNE 18, 2018	and assigned
Florida document number L18000149652		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	66 SOUTHDOWN RD	
(Principal office address MUST BE A STREET ADDRESS)	HUNTINGTON, NY 11743	
	 	3 7
Enter new mailing address, if applicable:	66 SOUTHDOWN RD	7.030
(Mailing address MAY BE A POST OFFICE BOX)	HUNTINGTON, NY 11743	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	da
	Cin [,]	Zip 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>	<u>Address</u>	Type of Action
MGMR	CHET FINKBEINER		D Add
		3505 Veterans Hwy Ste D Ronkonkoma, NY 11779	
			Remove
			Change
MGMR	CHRISTOPHER PUCCIO	66 Southdown Rd Huntington, NY 11743	■ Add
			Remove
			Change
			Add :
		Change J	
			7. C A(B)
			Remove
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			OVEMBER 30, 20				
Note: If t	date, if other than the ve date is listed, the date mus- the date inserted in this black is effective date on the D	ock does not meet	the applicable stat	filing or more than 90 day utory filing requiremen	(optional) es after filing.) Pur ts. this date will	suant to 605.02 not be listed	207 (3) as the
	d specifies a delayed Oth day after the rec		e, but not an ef	fective time, at 12	:01 a.m. on	the earlier	of:
Dated NO	OVEMBER 30		018				
			 -				
	,			resentative of a member			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00