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COVER LETTER

то:	Registration Sec Division of Corp			
SHRIE	SJ3 RESIDI CT:	ENTIAL, LLC		
SUBJE	(, I; <u></u>	Name of Lim	ited Liability Company	
The enc	losed Articles of z	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspor	ndence concerning this matter	to the following:	
		STANLEY J FONTE, III		
		SJ3 RESIDENTIAL, LLC	Name of Person	
		12826 LAKE VENTANA	Firm/Company DR	
		TAMPA, FL 33625	Address	
		BFONTE@VERIZON.NET	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For furt	her information ce	oncerning this matter, please co	all:	
STANL	EY J FONTE, III		813 766-1780	
	Name of	Person	at ()	e Telephone Number
Enclose	d is a check for th	e 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)

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

SJ3 RESIDENTIAL, LLC		
(Name of the Lim	ited Liability Company as it now appo (A Florida Limited Liability Company	ears on our records.)
he Articles of Organization for this Limited 1		06/22/2018 and assigned
lorida document number L18000153603	•	
his amendment is submitted to amend the fol	lowing:	
. If amending name, enter the new name	of the limited liability company	here:
to new name must be distinguishable and comain the	words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>	20
		7019 TAC:
nter new mailing address, if applicable:		7.29
Mailing address MAY BE A POST OFFICE	<u></u>	SEC. P. III
		HE F D
		ri: 5
. If amending the registered agent and		on our records, enter the name of the
gistered agent and/or the new registered of	office address here:	
Name of New Registered Agent:	MARK A BELLUSO, JR	
New Registered Office Address:	5032 MISSION SQUARE LAN	₹E
	Enter F	lorida street address

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.

City

ZEPHYRHILLS

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
AMBR	THERESA FONTE	12826 LAKE VENTANA DR TAMPA, FL 33625	□ Add
			■ Remove
			Change
MGR	STANLEY J FONTE, III	12826 LAKE VENTANA DR TAMPA, FL 33625	= Add
			☐ Remove
			Change
			Add
			Remove
			☐ Change
			Add
			Remove
			Change
			Add
			□ Remove
			Change
			□ Add
			Remove
			Change

			
			
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ective date, if other than	the date of filing:	(0	ptional)
effective date is listed, the date te: If the date inserted in thi	must be specific and cannot be prior to s block does not meet the applicable Department of State's records.	date of filing or more than 90 days a	fter filing.) Pursuant to 605,020
record specifies a dela he 90th day after the	yed effective date, but not record is filed.	an effective time, at 12:0	1 a.m. on the earlier o
ed JULY 24	2018		
	1/1/1	<u>.</u>	
	11/ J		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00