

LIB000166742

(Requestor's Name)

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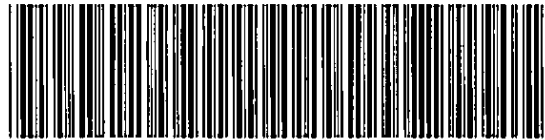
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18 OCT -2 AM 6:20  
TALLAHASSEE, FLORIDA

K. SAI Y  
OCT 18 2018

**BRODIGAN AND GARDINER LLP**

ATTORNEYS AT LAW

40 BROAD STREET

BOSTON, MASSACHUSETTS 02109

(617) 542-1871

October 1, 2018

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**VIA OVERNIGHT MAIL**

Department of State  
Division of Corporations  
Section Name  
P.O. Box 6327  
Tallahassee, FL 32314

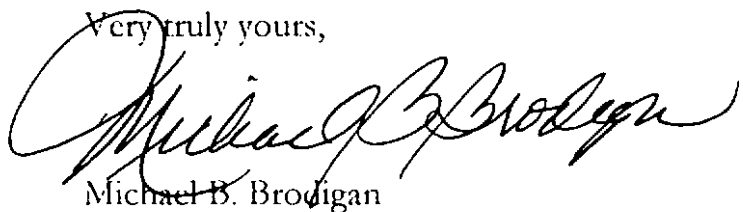
Re: Beltway TLJ GP, LLC  
Document No. L18000166742

Dear Sir/Madam:

Enclosed herewith kindly find (1) cover letter; (2) Articles of Amendment to articles of organization of the above entitled limited liability company; and (3) a check in the amount of \$25.00. Kindly file the same for me.

Thank you for your cooperation.

Very truly yours,

A handwritten signature in black ink, appearing to read "Michael B. Brodigan", written over a horizontal line.

Michael B. Brodigan

MBB:mff  
enclosures

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BELTWAY TLJ GP, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL B. BRODIGAN, ESQUIRE

\_\_\_\_\_  
Name of Person

BRODIGAN AND GARDINER, LLP

\_\_\_\_\_  
Firm/Company

40 BROAD STREET

\_\_\_\_\_  
Address

BOSTON, MA 02109

\_\_\_\_\_  
City/State and Zip Code

mfreeman@brodiganlaw.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael B. Brodigan, Esquire

617 542-1871  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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**

BELTWAY TLJ GP, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

18 OCT -2 AM 6:25  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on July 10, 2018 and assigned  
Florida document number L18000166742.

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*

\_\_\_\_\_, Florida \_\_\_\_\_  
City 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



**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

18 OCT -2 AM 6:2-  
TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)


**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated October 1, 2018, 2018

October 1, 2018 \_\_\_\_\_ 2018 \_\_\_\_\_

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

MICHAEL B. BRODIGAN

Typed or printed name of signee