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## **COVER LETTER**

Division of Corporations
SUBJECT: C, J, REACTY OF ESTERO, LLC  Name of Limited Liability Company
Name of Limited Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
* CATHERINE J. (MASHIONE) BENNGT; Name of Person
C.J. REACTY OF ESTERO, LLC Firm/Company
19291 VINTAGE TRACE CIRCLE
ESTERD, FL 33967  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CATHERING at (239) 246-2785  Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed)
MAILING ADDRESS:  Registration Section  Division of Corporations  P.O. Box 6327  STREET/COURIER ADDRESS:  Registration Section  Division of Corporations  Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

\* Copy of Marriage Dieense attached

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	LTY OF ESTERU LLC	<u> </u>
( <u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
	ma/22/2018	
The Articles of Organization for this Limited Liab	pility Company were filed on 08/03/2018 and	d assigned
Florida document number 4 18000/8	6 <i>02</i> 3	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the abbreviation	n "LLC."
•	g <sup>2</sup> - 2	â
Enter new principal offices address, if applicab	7	
(Principal office address MUST BE A STREET	ADDRESS)	indi marer
		(a)
	<b>\</b> -	<b>₹ 5</b>
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	រា
		_
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>enter the na</u>	<u>me of the new</u> 
		<b>*</b>
Name of New Registered Agent:	CATHERING J. BENNETT	
New Registered Office Address:	SAME - NO CH	(ANGE
New Avgistered Office Hedgess.	Enter Florida street address	
	SAME Florida Zip C	
	City Zip C	xle
New Registered Agent's Signature, if changing Reg		
I hereby accept the appointment as registered o	agent and agree to act in this capacity. I further agree to c	omply with the
provisions of all statutes relative to the proper	and complete performance of my duties, and I am familian	with and
	ered agent as provided for in Chapter 605, F.S. Or, if this o gistered office address, I hereby confirm that the limited lid	
company has been notified in writing of this ch		
Villa de la Constitution de la C		
X Marriog lecius	( Bennett	
Copy is tachel	If Changing Registered Agent, Signature of New Registered	Agent

MGR = N	lanager .uthorized Member		
			77
<u> Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
			Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets. if necessary.)	
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E. Effective date, if other than the date of filing:  (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 Note:  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	505.0207 (3)(b) isted as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie) The 90th day after the record is filed.	rlier of:
Dated 4/4/19  Cattle in A Brenth Signature of a member or authorized representative of a member	
CATHERING J BENNETT  Typed or printed name of signee	

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Filing Fee: \$25.00