## 18000198988

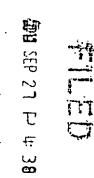
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: TR PROP	PERTY HOLDINGS LLC ne of Limited Liability Company
The enclosed Articles of Amendment and feets	) are submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
	TERRY ROWLAND
	Name of Person
	Firm/Company
	15th AVE, UNIT 403
INDIAN	Address  ROCKS BEACH, FL 33785  City/State and Zip Code
	City/State and Zip Code
— JTRP. E-mail	ROPELTY HOLDINGSUC @ GMAIL, COM address. (to be used for future annual report notification)
For further information concerning this matter.	please call:
TERRY ROWLAND Name of Person	at ( 90 4 ) 30 4 - 9363 Area Code Daytime Telephone Number 5
Enclosed is a check for the following amount:	SEP 27
S30.00 Filing Fee Certificate of 3	

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

JTR PROPERTY HOLDINGS LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
the Articles of Organization for this Limited Liability Company were filed on AV6UST 20 <sup>th</sup> , and assigned orida document number <u>L18000198988</u>
his amendment is submitted to amend the following:
. If amending name, enter the new name of the limited liability company here:
ne new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:
Principal office address MUST BE A STREET ADDRESS)
nter new mailing address, if applicable:
Mailing address MAY BE A POST OFFICE BOX)
If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:  Enter Florida street address  U
City Florida ZF Code
iew 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 Type of Action **Address Title** Name JAMES C ROWLAND INDIAN ROCKS BEACH, FL Remo ☐ Remove □ Change □ Add ☐ Remove \_□ Change □ Remove ☐ Change bbA 🗖 Ę. **⊈** Remove ☐ Change □ Add ☐ Remove

\_□ Change

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Effective date, if other that fan effective date is listed, the d	an the date of filing: _			(optional)	
Note: If the date inserted in	this block does not mee	t the applicable statu	filing or more than 90 da tory filing requiremer	es after filin <b>g:</b> ) Pursuant its, this da <b>te will no<u>t</u>!</b>	t to 605.020 Be listed a
locument's effective date or	i the Department of State	e's records.			<b>5</b>
e record specifies a de	elaved effective dat	e, but not an eff	ective time, at 12		·
The 90th day after th	ne record is filed.	•	·		****
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Dated \ldots \ld	——————————————————————————————————————	<u> </u>			
		-	esentative of a member	<u></u>	

Page 3 of 3

Filing Fee: \$25.00