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(Re	equestor's Name)	
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2019 JAN 25 PP 12:

COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT:	TJF Name of Limi	7214 L	LC
The enclosed Articles of Am	endment and fee(s) are subr	nitted for filing.	
Please return all corresponde	nce concerning this matter t	o the following:	
	Thon	nas J Fo	rtunato
	TJ	Name of Person F 7214	
	210	Firm/Company Antigua	Lane
	N	Antigua Address Aples FL	34120
-	Thomas	City/State and Zip Code FORHUNG TO E be used for future annual report	gmail.com
For further information conce	erning this matter, please ca	II:	
Thomas	Fortunato	at (<u>516</u> 8	84-7885
Name of Per	rson		ytime Telephone Number
Enclosed is a check for the fe	ollowing 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

V) T		1 2	
TJF72	.14	LLC		' ' i
(Name of the Limited Liability Compa (A Florida Limited I	i <mark>ny as it new a</mark> j Liability Comp	ppears on our record any)	EN JAN 25 P	. IS: #0
The Articles of Organization for this Limited Liability Company Florida document number <u>L 19 0000 11</u> Z /		n 1/9/	19. and	lassigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility compar	ny here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company,"	the designation "LLC"	" or the abbreviation	n "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>	
		<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		s on our records	enter the na	me of the new
Name of New Registered Agent:				<u></u>
New Registered Office Address:	Enter	r Florida street address	5	
		, Flo	orida	
New Registered Agent's Signature, if changing Registered Agent:	City		Zip Či	ode

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

MGR = M	lanager	
	uthorized Member	
<u>Title</u>	<u>Name</u>	Address Type of Action
M6R	Thomas J Fortunato	Naples, FU 34120
	Fortunato	
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	K	ture of a member or	authorized represen	ntative of a member		<u> </u>
The 90th	Signa	-		ntative of a member		

Page 3 of 3

Filing Fee: \$25.00