## 1190000 26281

	(Requestor's Name)	
	(Address)	
	(Address)	-
	(City/State/Zip/Phone #)	
PICK-UF	P WAIT	MAIL MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions	to Filing Officer:	
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C. GOLDEN FEB 1 6 **2019** 

## ${\color{red}\mathbf{COVER}}\ \mathbf{LETTER}$

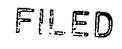
Registration Section
Division of Corporations

TO:

TUTU SUBJECT:	J PROPERTIES, LLC		
	Name of Lin	nited Liability Company	<del></del>
The enclosed Articl	es of Amendment and fee(s) are sub	omitted for filing.	
Please return all cor	respondence concerning this matter	to the following:	
	Pamela Carrera		
		Name of Person	
		Firm/Company	
		Address	
		City/State and Zip Code	
	pcarrera@jprealty.com  E-mail address: (	to be used for future annual report not	ification)
For further informat	ion concerning this matter, please c	all:	
Pamela Carrera		305 934-8726 at ()	
N	ame of Person	Area Code Daytim	c Telephone Number
Inclosed is a check	for the following amount:		
<b>3</b> \$25.00 Filing Fo	ce \$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)
R D P.	AILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co	on rations

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



2019 FEB 11 PM 1:30

TUTU PROPERTIES, LLC		MELANASSES, FI
(Name of the Limited Lia (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	THE TABLETAN ASSES, FL
e Articles of Organization for this Limited Liability	y Company were filed on January 24, 2019	and assigned
orida document number L19000026281	·	
is amendment is submitted to amend the following	;	
If amending name, enter the new name of the li	imited liability company here:	
JTO PROPERTIES, LLC		
new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
iter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET AD.	DRESS)	
ter new mailing address, if applicable:		
ter new mailing address, if applicable:    ailing address MAY BE A POST OFFICE BOX   If amending the registered agent and/or registered agent and/or the new registered office acceptance of the new registered office acceptance of the new registered of the new regis	gistered office address on our records, en	ter the name of the nev
I amending the registered agent and/or re	gistered office address on our records, en	ter the name of the new
I amending the registered agent and/or registered agent and/or the new registered office ad	gistered office address on our records, en	ter the name of the new
I amending the registered agent and/or registered agent and/or the new registered office a	gistered office address on our records, en	ter the name of the new
I amending the registered agent and/or registered agent and/or the new registered office ad	gistered office address on our records, enddress here:  Enter Florida street address, Florida	
If amending the registered agent and/or registered agent and/or the new registered office as Name of New Registered Agent:  New Registered Office Address:	gistered office address on our records, enddress here:  Enter Florida street address City	
I amending the registered agent and/or registered agent and/or the new registered office ad	gistered office address on our records, enddress here:  Enter Florida street address  City  cred Agent:	Zip Code

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

Title	Name	Address	Type of Action
_ <del></del>			Add
			Remove
			Change
<del></del> -			
		<del></del>	Remove
			Change
<del></del>			Add
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		<del></del>	🗆 Add
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smending any other information, enter change(s) here: (Attach additional shee	is, if necessary.)
<u> </u>	<del></del>
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 ote: If the date inserted in this block does not meet the applicable statutory filing requiremore comment's effective date on the Department of State's records.	(optional) days after filing.) Pursuant to 605.020 nents, this date will not be listed a
e record specifies a delayed effective date, but not an effective time, at The 90th day after the record is filed.	12:01 a.m. on the earlier o
ated February 1.2019.	
Samela ( avera	
Signature of a member or authorized representative of a memb	per

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00