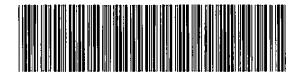
L19000066684

(D	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(D	ocument Number)	
Certified Copies	Certificates of	Status
Special instructions to	Filing Officer	

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M. SOLOMON

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

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Phone: 850-558-1500
ACCOUNT NO. : I2000000195
REFERENCE : 097173 7901254
AUTHORIZATION :
COST LIMIT : 125.00 man
ORDER DATE : December 11, 2019
ORDER TIME : 2:0 PM
ORDER NO. : 097173-005
CUSTOMER NO: 7901254
DOMESTIC AMENDMENT FILING
NAME: POP STROKE LAND HOLDINGS LLC
EFFECTIVE DATE:
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

Pop Stroke	Land Holdings LLC		
SUBJECT.	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Gregory Bartoli		
		Name of Person	
		Firm/Company	
	Name of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: Gregory Bartoli Name of Person Firm/Company 1001 US Highway One, Suite 500 Address Jupiter, FL 33477 City/State and Zip Code greg.bartoli@emcapitalllc.com E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: by Bartoli Name of Person 1001 US Highway One, Suite 500 Address Jupiter, FL 33477 City/State and Zip Code greg.bartoli@emcapitalllc.com E-mail address: (to be used for future annual report notification) The information concerning this matter, please call: The information concerning this matter annual report notification in the properties of the concerning this matter. Please call: The information concerning this matter annual report notification in the properties of the concerning this matter. Please call: The information concerning this matter annual report notification in the properties of the concerning this matter. Please call: The information concerning this matter annual report notification in the properties of the concerning this matter. Please call: The information concerning this matter annual report notification in the properties of the concerning this matter. Please call: The information concerning this matter annual report notification in the properties of the concerning this matter. Please call: The information concerning this matter annual report notification in the properties of the concerning this matter. Please call: The information concerning this matter annual report notification in the properties of the concerning this matter. Please call: The information concerning this matter annual report notification in the properties of the concerning this matter. Please call:		
	Jupiter, FL 33477		
	greg.bartoli@jemcapitalllc.	•	
	E-mail address: (to be used for future annual report not	itication)
For further information c	oncerning this matter, please c	all:	
Gregory Bartoli		917 743-065 1	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	ū	Certified Copy	Certificate of Status & Certified Copy
		-	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pop Stroke Land Holdings LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on March 8, 2019	and assigned
Florida document number L19000066684		_
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
J.E.M. Land Holdings, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:	1001 US Highway One, Suite 500	20.5
(Principal office address MUST BE A STREET ADDRESS)	Jupiter, FL 33477	
		0
		<u> </u>
Enter new mailing address, if applicable:	1001 US Highway One, Suite 500	
ling address MAV RE A POST OFFICE ROV) Jupiter, FL 33477		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the nan</u>	ne of the new registered
4004 LICHE-	way One, Suite 500	
New Registered Office Address:	Enter Florida street address	
Jupiter	, Florida 33	3477
	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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□ Change
			□Remove
			□ Change
			□Add 2 □Add 2 □Remove
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Effective date, if other than the date if an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	e specific and cannot k does not meet th	e applicable s	e of filing or more statutory filing s	option (option) (opti	filing.) Pursuant to	o 605.0207 (e listed as tl
ne record specifies a delayed e The 90th day after the recor		but not an	effective tin	ne, at 12:01 a	a.m. on the e	arlier of:
December 11	201	·				
Dated						
Dated December 11		dan Ten	, Line			
Dated December 11		r or authorized		a member	. <u> </u>	_

Page 3 of 3

Filing Fee: \$25.00



Flease give original remission date as file date.

Division of Corporations

December 12, 2019

CSC

SUBJECT: POP STROKE LAND HOLDINGS LLC

Ref. Number: L19000066684

We have received your document for POP STROKE LAND HOLDINGS LLC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Document number does not match the company listed

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon Regulatory Specialist II Supervisor

Letter Number: 619A00025240

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