L19000094249

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

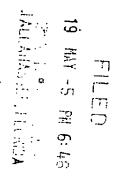
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MAY 1 5 2019 S. YOUNG



COVER LETTER

то:	Registration of	on Section Corporations	
SUBJE		re Estates MHC LLC	
SUBJE	.CT:	Name of Limited Liability Company	
The en	closed Article	es of Amendment and fee(s) are submitted for filing.	
Please	return all cor	respondence concerning this matter to the following:	
		JAMES EDWARD NORTON	
		Name of Person JJJ LOCAL INVESTORS LLC	
		Firm/Company 4204 NEVADA ST	
		Address AVE MARIA FL 34142	
		City/State and Zip Code joehaine@gmail.com	
		E-mail address: (to be used for future annual report notification)	
For fur	ther informat	ion concerning this matter, please call:	
JOSEP	H PETER H	at ()	
	N	ame of Person Area Code Daytime Telephone Number	
Enclos	ed is a check	for the following amount:	
□ \$ 2:	5.00 Filing Fo	ee ■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

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

Pinetree Estates MHC LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 4/5/2019 The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number 119000094249 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida _

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.

City

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>	<u>Address</u>	Type of Action
AMBR	JJJ LOCAL INVESTMENTS. LLC	4204 Nevada St	_
		Ave Maria, FL, 34142	
		Tre viain, 115, 5 tr 15	■ Remove
			☐ Change
AMBR	JJJ LOCAL INVESTORS LLC	4204 Nevada St	■ Add
		Ave Maria, FL 34142	
			☐ Remove
			☐ Change
			Add
			□ Remove
			Change
	 -		
			🗀 Remove
			Change
			□ Remove
			□ Change
			Add
			☐ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing:
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated April 30. 2019.
Dated April 30. 2019. James Avard Norton Signature of a member or authorized representative of a member
JAMES EDWARD NORTON

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Typed or printed name of signee

Filing Fee: \$25.00