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(Re	equestor's Name)	
(Ad	ldress)	
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(Cil	ty/State/Zip/Phone	e #)
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O SIMMONS

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COVER LETTER

	ion Section	,	
CHD HCT.	LTJ REALTY LLC		
SUBJECT:	Name of L	imited Liability Company	
The enclosed Articl	les of Amendment and fee(s) are si	ubmitted for filing.	
Please return all cor	rrespondence concerning this matte	er to the following:	
	ANTHONY	D. BLACKMON, SR.	
		Name of Person	
	LTJ REAL?	TY LLC	
		Firm/Company	16.
	P.O. BOX 1	1212	
		Address	
	MIAMI, FI	ORIDA 33101	
		City/State and Zip Code	
	adblackmon.russellrealiy/		
		: (to be used for future annual repo	ort notification)
For further informat	tion concerning this matter, please	call:	
ANTHONY D	D. BLACKMON, SR.	330 at ()	412-3365
N	ame of Person	at ()Area Code f	Daytime Telephone Number
Enclosed is a check	for the following amount:		
S25.00 Filing F	ee S30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy tadditional copy is enclosed	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Re D	IAILING ADDRESS: egistration Section ivision of Corporations .O. Box 6327	STREET/CO Registration Division of C Clifton Build	Torporations

Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIJREA	ILIY LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on e Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL19000120100		5/2/19 and assign	ned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liah</u>	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company." the designa	ution "LLC" or the abbreviation "L.L.C	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			1
			シ
Enter new mailing address, if applicable:	LTJ REALTY LLC	25 F2	
(Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 11212		
	MIAML FL 33101		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent:		records, enter the name of	the ne
New Registered Office Address:	Enter Florida su	· · · · · · · · · · · · · · · · · · ·	
	Engo camaa ar		
	Circ	, Florida Zip Code	
	·	rap Cine	

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>	Name	Address	Type of Action
AMBR	ANTHONY D. BLACKMON, SR.	P.O. BOX 11212 MIAMI, FL 33101	= Add
			□ Remove
			□ Change
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ective de	ite, if other than the dat	e of filing:			(optional)	
a effective (date is listed, the date must be date inserted in this block	specific and canno	t be prior to date of	filing or more than 90	days after filing.) Pu	rsuant to 605,020
cument's	effective date on the Depar	tment of State's	records.	nory ming requirer	acites, this date wit	i not be fisted a
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recora s The 90th	specifies a delayed ef n day after the record	is filed.	but not an ef	ective time, at	12:01 a.m. on	the earlier (
ted	MAY 15		9			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00