## L19000145498

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
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| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
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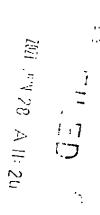
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|  |                              |   | COVER LETTER  |  |
|--|------------------------------|---|---|--|
|  | stration Sec<br>sion of Corp | tion  | •   |  |
| ·<br>SUBJECT: ]  | JJTA l Real                  | Properties LLC                                  |   |  |
| SUBJECT: _   |                              | Name of Limi                                    | ited Liability Company  |  |
| The enclosed   | Articles of A                | Amendment and fee(s) are sub-                   | mitted for filing.  |  |
| Please return :  | all correspor                | idence concerning this matter                   | to the following:   |  |
|  |                              | Russell Watterson                               |   |  |
|  |                              |   | Name of Person  | <del></del>  |
|  |                              | JJTA1 Real Properties LLG                       | C   |  |
|  |                              |   | Firm/Company  | <u> </u>   |
|  |                              | 905 W. 124th Ave., Suite 2                      | 210   |  |
|  |                              |   | Address   |  |
|  |                              | Westminster, CO 80234                           |   |  |
|  |                              |   | City/State and Zip Code   |  |
|  |                              | sjtingle@wattersonlaw.com                       | to be used for future annual report notifications                         | ution) 7   |
| For frether in   | formation co                 | oncerning this matter, please ea                |   | .71  |
|  |                              | meering and maner, produce of                   |   | (m<br>, 24<br>, 25   |
| Sarah Jean Tingle 303 883-3086  Name of Person Area Code Daytime Telephone N |                              |   | etephone Number   |  |
|  | Name of                      | Person  | Area Code Daytime T   | > ====================================   |
| Enclosed is a  | check for the                | e following amount:                             |   | 1: 24  |
| ■ \$25.00 Fi   | iling Fee                    | □ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>(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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| JJTA1 Real Properties LLC   |  |  |                                       |  |  |  |  |
|---|--|--|---------------------------------------|--|--|--|--|
| (Name of the Lim  | ited Liability Compa<br>(A Florida Limited l   | iny as it now appears on our records.)<br>Liability Company) |                                       |  |  |  |  |
| The Articles of Organization for this Limited I Florida document number L19000145498    | Liability Company  | were filed on May 31, 2019                                   | and assigned                          |  |  |  |  |
| This amendment is submitted to amend the fol  | lowing:  |  |                                       |  |  |  |  |
| A. If amending name, enter the new name of  | submitted to amend the following:  ame, enter the new name of the limited liability company here:  distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  al offices address, if applicable:    2501 Jammes Rd.     Jacksonville, FL 32210 |  |                                       |  |  |  |  |
| The new name must be distinguishable and contain the                                    | words "Limited Liabi   | lity Company," the designation "LLC" or the                  | abbreviation "L.L.C."                 |  |  |  |  |
| Enter new principal offices address, if appli   | cable:   | 2501 Jammes Rd.  |                                       |  |  |  |  |
| (Principal office address MUST BE A STREE   |  | Jacksonville, FL 32210                                       |                                       |  |  |  |  |
| Enter new mailing address, if applicable:   |  | 2501 Jammes Rd.  |                                       |  |  |  |  |
| (Mailing address MAY BE A POST OFFICE   | E BOX)   | Jacksonville, FL 32210                                       |                                       |  |  |  |  |
| B. If amending the registered agent and/or agent and/or the new registered office addre |  | address on our records, <u>enter the na</u>                  | me of the new registere               |  |  |  |  |
| Name of New Registered Agent:   | Registered Age   | ents Inc.  | · · · · · · · · · · · · · · · · · · · |  |  |  |  |
| New Registered Office Address:  | 7901 4th St N S  |  | <u> </u>                              |  |  |  |  |
|   |  |  | <u></u>                               |  |  |  |  |
|   | St. Petersburg   | Florida  | 33702<br>Zip Code                     |  |  |  |  |
|   |  | City   | лір Соае                              |  |  |  |  |

## 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 |
|--------------|-------------------------------|---------------------------|----------------|
| MGR          | Jarek Tadla                   | 10 Compass Rd             |                |
|              |                               | Fort Lauderdale, FL 33308 | ■Remove        |
|              |                               |                           | []Change       |
| MGR          | Peoples Choice Apartments LLC | 2501 Jammes Rd.           | <b>=</b> Add   |
|              |                               | 250) Jammes Rd.           |                |
|              |                               |                           | □Change        |
|              |                               |                           | □Add           |
|              |                               |                           | □Remove        |
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| ****                                      | <del></del>                             |                 |                   |                      |                  |                             | - 5             |           |
|   |   |                 |                   |                      |                  |                             | °               | 7         |
| E. Effective date, if o                   | ther than the date                      | of filing: _    | mot be prior to o | late of filing or ir | ore than 90 days | optional)<br>after filing.) | - ><br>Persuant | 16 605.0  |
| Note: If the date in                      | serted in this block de                 | ies not meet    | the applicable    | e statutory filin    | g requirements   | , this date v               | will not        | be listed |
| document s effective                      | e date on the Departn                   | nem or state    | S records.        |                      |                  |                             | 1.              | ٠         |
| If the second consist                     | ing a dolay ad offe                     | setiva date     | n but not a       | n offective t        | ime at 12:       | 01 am (                     | on the          | earlier   |
| If the record specific (b) The 90th day a | es a delayed elle<br>after the record i | s filed.        | e, but not a      | H CHECKIVE I         | anc, at 14.      | or ariti (                  | JII CITE        | Curner    |
|   |   |                 |                   |                      |                  |                             |                 |           |
| Dated                                     | Jui                                     | ne 18           | 2021              |                      |                  |                             |                 |           |
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| <del>-</del>                              | Siana                                   | titre of a more | iber or authoriz  | ed representative    | of a member      |                             |                 |           |

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Filing Fee: \$25.00