L19000242574

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COVER LETTER

TO:	Registration Sec Division of Corp		•	•
SUBJ	Junction 23,	LLC	•	•
SUBJ	<u></u>	Name of Lim	ited Liability Company	
The en	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Michael Tillman		
			Name of Person	
		c/o PTM Partners, LLC		
			Firm/Company	····
		6619 South Dixie Highwa	y,#589	
			Address	
		Miami, FL 33143		
			City/State and Zip Code	
		michael@ptmpartners.com	to be used for future annual report notil	ication) —
For fu	rther information co	oncerning this matter, please c	·	ivenory)
Mich	ael Tillman		646 4201930 at ()	
	Name of	f Person		Telephone Number
Enclos	sed is a check for th	e following amount:		
≅ \$:	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailina Address	•	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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**

•	Junction 23, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
	The Articles of Organization for this Limited Liability Company were filed on Florida document number L19000242574 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here:	and assigned
	A. If amending name, enter the new name of the Junction 23, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" of Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	the abbreviation "L.L.C."
•	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 agent and/or the new registered office address here:	e name of the new registered
	Name of New Registered Agent:	
	New Registered Office Address: Enter Florida street address Florida street address City	rida 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 the control of the con 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

Title	Name	Address	Type of Action
			———— □ Add
			———— □Remove
			———— □Change
			□Remove
			Change
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<i>i</i>			□Remove
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D. I	f amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effect (If an effection Note:	(optional) fective date, if other than the date of filing: fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date inserted in the Department of State's records.
uocuii	ICHE 2 CHECKING OFFICE ALL THE TOTAL
1110	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _.	11/27/19
	Signature of a member of authorized representative of a member
	Michael Tillman
	Typed or printed name of signee

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Filing Fee: \$25.00