L2000397723

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer

Office Use Only



100353571761

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED

. 12 Pii 12: 15

C. GOLDEN OCT 1 3 ZOZO

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

10/12/20

NAME: TJ OF OCOEE LLC

TYPE OF FILING: AMENDMENT

COST:

\$25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

277 ft 12 PH 12: 19

TJ OF OCC (Name of the Limited Liability Compa- (A Florida Limited L		v
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10185 West Colonial Drive	
Principal office address MUST BE A STREET ADDRESS)	Ocoee, FL 34761	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office and and/or the new registered office address here:	iddress on our records, <u>enter t</u>	he name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
<u> </u>		rida
	Ciņ	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
AMBR	TJ Management HoldCo LLC	3654 Georgia Avenue	■Add
		West Palm Beach, FL 33405	□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change

				
			·	
		<u>-</u>		
				
		 ·		
 				
			······································	
fective date, if other than the date must be offective date is listed, the date must be offective date inserted in this block current's effective date on the Department's	be specific and cannot be ck does not meet the ap	pplicable statutory	or more than 90 days after filing requirements, this	filing.) Pursuant to 605.020
ecord specifies a delayed effective is filed.	date, but not an effecti	ve time, at 12:01 a	n.m. on the earlier of: (b) The 90th day after the
ted October 9	, 2020	· ·		
1 1				
Jun Ju	ignature of a member or	authorized represent	ative of a member	

Filing Fee: \$25.00