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TALLAHASSEE, FLORIDA

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155 Office Plaza Dr Ste A Tallahassee FL 32301

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

DATE:

10/12/20

NAME:

TJ AT DR. PHILLIPS 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

		2777 12 7211:00	
TJ AT DR. Pl (Name of the Limited Liability Compa (A Florida Limited			
(A Florida Limited	Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 09/30/2020	and assigned	
Florida document number 1.20000297792			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	ne abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	7600 Dr. Phillips Boulevard, #116		
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32819	-	
	-		
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 i	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	•	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	<u> </u>		
I hereby accept the appointment as registered agent and agr			
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	e performance of my duties, and I opposed for in Chapter 605, F.S.	am familiar with and 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	TJ Management HoldCo LLC	3654 Georgia Avenue	= Add
		West Palm Beach, FL 33405	□ Remove
			□Remove
			Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			Remove
			□ Change
			□Add
			□Remove
	·····		□Add
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ffective date, if other than the date of an effective date is listed, the date must be some if the date inserted in this blockwhent's effective date on the Department's	k does not meet the application	cable statutory filing re	(optional) han 90 days after filing.) Pursu quirements, this date will n	ant to 605.020 ot be listed a
record specifies a delayed effective d is filed.	date, but not an effective t	ime, at 12:01 a.m. on t	he earlier of: (b) The 90th	day after the
October 9	2020			
/atou	,	 ·		
	ignature of a member or auth	norized representative of a	member	

Filing Fee: \$25.00