

L2 0000318198

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : UNITED STATES REGISTERED AGENTS, INC.  
Account Number : I19990000022  
Phone : (305)670-6370  
Fax Number : (305)670-3390

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: USBA@USBAGENTS.COM

2021 OCT -8 PM 12:56

TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**BANYAN MALLORY SQUARE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

TALLAHASSEE, FLORIDA

2021 OCT -8 AM 11:08

FILED

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

BANYAN MALLORY SQUARE, 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 10/08/2020 and assigned  
Florida document number L20000318198.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

JJT HORIZON 409, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

NA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

NA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: UNITED STATES REGISTERED AGENTS, INC.

New Registered Office Address: 9300 SOUTH DADELAND BOULEVARD, SUITE 600

*Enter Florida street address*

MIAMI

*City*

Florida 33156

*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.*

*Jeffrey Tovar*  
If Changing Registered Agent, Signature of New Registered Agent

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10-07-'21 22:02 FROM-

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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>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>TARABOULOS, ROBERT</u>	<u>9300 SOUTH DADELAND BOULEVARD</u>	<input type="checkbox"/> Add
		<u>SUITE 600</u>	<input checked="" type="checkbox"/> Remove
		<u>MIAMI, FL 33156</u>	<input type="checkbox"/> Change
<u>MGRM</u>	<u>DE LA TORRE, JORGE N</u>	<u>9300 SOUTH DADELAND BOULEVARD</u>	<input type="checkbox"/> Add
		<u>SUITE 600</u>	<input checked="" type="checkbox"/> Remove
		<u>MIAMI, FL 33156</u>	<input type="checkbox"/> Change
<u>MGRM</u>	<u>CLYDESDALE CAPITAL, LLC</u>	<u>9300 SOUTH DADELAND BOULEVARD</u>	<input type="checkbox"/> Add
		<u>SUITE 600</u>	<input checked="" type="checkbox"/> Remove
		<u>MIAMI, FL 33156</u>	<input type="checkbox"/> Change
<u>MGRM</u>	<u>TARABOULOS, MARIGE</u>	<u>9300 SOUTH DADELAND BOULEVARD</u>	<input checked="" type="checkbox"/> Add
		<u>SUITE 600</u>	<input type="checkbox"/> Remove
		<u>MIAMI, FL 33156</u>	<input type="checkbox"/> Change
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

NA

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective 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 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October 7 2021

Signature of member or authorized representative of a member

JEFFREY TARABOULOS

Typed or printed name of signer

FILED  
2021 OCT -8 11:00 AM  
TALLAHASSEE, FLORIDA

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