

**221000194488**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H210002124163ABCT

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To:

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

From:

Account Name : GARY, DYTRYCH & RYAN, P.A.  
Account Number : I19990000255  
Phone : (561) 844-3700  
Fax Number : (561) 844-2398

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

Email Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2021 MAY 27 AM 9:23

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**JPTR - 5155 CORPORATE DRIVE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

MAY 28 2021

A. LUN?

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2021 MAY 27 PM 3:18

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

JPTR - 5155 CORPORATE DRIVE, 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 05/04/2021 and assigned  
Florida document number L21000194488.

This amendment is submitted to amend the following:

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

JPTR - 5155 CORPORATE WAY, LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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CLERK OF STATE  
TALLAHASSEE FLORIDA

**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:

New Registered Office Address:

Enter Florida street address

, Florida

City

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

May: 27: 2021 10:44AM

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No. 1833 P. 3

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>
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_____	_____	_____	<input type="checkbox"/> Add
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TALLAHASSEE, FL  
CLERK OF DISTRICT COURT

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

100

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JOHN HAY OF STATE  
TALLAHASSEE, FLORIDA

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 May 26, 2021

William E. McCaffrey

Signature of a member or authorized representative of a member

William E. McCaffrey

Typed or printed name of signee

**Filing Fee: \$25.00**