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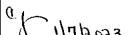
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2022 OCT 17 AM 8: OS SECRETATION STATI



COVER LETTER

TO:

Registration Section Division of Corporations

PJ PROPERTY VENTURES III LLC ·SUBJECT: ____ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: PAUL A. VILCHEZ Name of Person Firm/Company 3804 W HAMILTON AVENUE Address TAMPA 33614 City/State and Zip Code paulvilchez@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: PAUL A. VILCHEZ Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, ■ \$25.00 Filing Fee Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:** Street Address: **Registration Section Registration Section** Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

PJ PROPERTY VENTURES III LLC

2022 OCT 17 AM 8: 09

Zip Code

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

a Limited Liability Company)

SECHED STATE
TALLAHASSEE EL

The Articles of Organization for this Limited Liability Company	were filed on March 9, 2022	IALLAHASSEE, FL and assigned			
Florida document number L22000120692					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
The 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:					
(Principal office address MUST BE A STREET ADDRESS)	 				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)	-				
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>enter the</u>	name of the new registered			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	Florie	la			

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.

City

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	<u>Name</u>	Address	Type of Action
AR .	MATTHEW M. JONES, ESQ.	500 N WESTSHORE BLVD, TAMPA, FL 33609	□Add
			Remove
			□Change
			□Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			Change
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			Change

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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of fi Note: If the date inserted in this block does not mee; the applicable statute 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 12:0 record is filed.	1 a.m. on the earlier of: (b) The 90th day after the
Dated Oxtober 11 2022.	
Signature of a member or authorized repres	sentative of a member
PAUL A. VILCHEZ	

Typed or printed name of signee