

L10000098801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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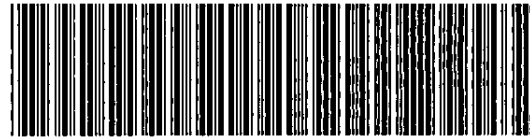
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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T. CLINE

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EXAMINER

Law Offices of  
MICHAEL A. LAMPERT, P.A.  
1655 Palm Beach Lakes Boulevard  
The Forum - Suite 900  
West Palm Beach, Florida 33401  
Telephone (561) 689-9407  
Telecopier (561) 683-1559

Michael A. Lampert  
(Florida Board Certified Tax Attorney)  
*Also Admitted in Pa. and D.C.*

Of Counsel:  
Esther A. Zaretsky\*  
Richard P. Zaretsky\*\*  
\*\*(Florida Board Certified Real Estate Attorney)  
\* Also Admitted in N.Y.

November 10, 2010

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Articles of Amendment

Dear Sir or Madam:

Enclosed please find a Cover Letter and Articles of Amendment to the following LLCs:

1. JUNO I, LLC
2. JUPITER I, LLC
3. JT RV, LLC
4. ABACOA, LLC

Also enclosed is my check in the amount of \$100.00 for the filing fee of \$25.00 for each LLC. Please process the enclosed Articles of Amendment and provide me with a letter of acknowledgment after the amendments have been filed.

As always, please feel free to contact me if you have any questions or concerns.

Very truly yours,

  
Michael A. Lampert

MAL:bjj  
Enclosures

cc: Jeffrey Titherington (w/o enclosures)  
Ghada Dergham (w/o enclosures)

2010 NOV 15 AM 10:56  
SECRETARY OF STATE  
TALLAHASSEE, FL 32310

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JUNO I, LLC  
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:

Michael A. Lampert

Name of Person

Michael A. Lampert, P.A.

Firm/Company

1655 Palm Beach Lakes Blvd., Ste 900

Address

West Palm Beach, FL 33401

City/State and Zip Code

michael@lamperttaxlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael A. Lampert

Name of Person

at (561 ) 689-9407

Area Code & Daytime Telephone Number

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2019 NOV 15 AM 10:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee      ☐ \$30.00 Filing Fee & Certificate of Status      ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

JUNO I, 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 September 21, 2010 and assigned  
Florida document number L10000098801.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)**

**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 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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MGR	Ghada Derqham	344 Legare Court Jupiter, FL 33458 US	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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NOV 15 2010  
STATE OF FLORIDA  
FALLAH KASSER

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated

11/9/10

Signature of a member or authorized representative of a member

Typed or printed name of signee