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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**12 OCT 23 PM 3:35**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

JOSEPH J. KULUNAS

Name of Person

FOX ROTHSCHILD LLP

Firm/Company

222 LAKEVIEW AVENUE, SUITE 700

Address

WEST PALM BEACH, FL 33401

City/State and Zip Code

jkulunas@foxrothschild.com

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

For further information concerning this matter, please call:

JOSEPH J. KULUNAS

Name of Person

at ( 561 )

804-4402

Area Code & Daytime Telephone Number

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: 5380 NORTH OCEAN DRIVE, APT. 4H  
(Principal office address MUST BE A STREET ADDRESS) RIVIERA BEACH, FL 33404

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: JOSEPH J. KULUNAS  
New Registered Office Address: 222 LAKEVIEW AVENUE, SUITE 700  
*Enter Florida street address.*  
WEST PALM BEACH, Florida  
*City*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Zip Code 33404

**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  $\hat{=}$  Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	GHADA DERGHAM	104 NATIVA CIRCLE	<input type="checkbox"/> Add
		NORTH PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Remove
MGR	JT Investment Enterprises, LLC	5380 NORTH OCEAN DRIVE	<input checked="" type="checkbox"/> Add
		RIVIERA BEACH, FL 33404	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated OCTOBER 19, 2012.

Signature of a member or authorized representative of a member

JOSEPH J. KULUNAS

Typed or printed name of signee