## L10000114455

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SECRETARY CONSTAINS
TALLAHASSEF ELOPINA

## **COVER LETTER**

TQ: R	tegistration Sec Division of Corp	tion orations		•	
SUBJEC1	Γ:	Deco Jones	s Investments LLC		
		Name of Limi	Name of Limited Liability Company		
		amendment and fee(s) are sub	_		
Please retu	ırn all correspon	dence concerning this matter	to the following:		
			Mario Moreno		
			Name of Person		
		D	Deco Jones Group LLC		
		Firm/Company			
260 West 60 Street				<u>,</u>	
		Address			
		F	Hialeah, Florida 33012  City/State and Zip Code  mario7001@gmail.com  E-mail address: (to be used for future annual report notification)		
		E-mail address: (			
For further	r information co	ncerning this matter, please o	eall:		
		rio Moreno	at ( 786 )	488-5381	
	Name of	Person	Area Code & Daytim	e Telephone Number	
Enclosed i	s 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)	
	Registra	NG ADDRESS: tion Section	STREET/COURI Registration Section	on	
Division of C		of Corporations	Division of Corpor	rations	

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314



September 28, 2011

MARIO MORENO 260 WEST 60 STREET HIALEAH, FL 33012

SUBJECT: DECO JONES INVESTMENTS LLC

Ref. Number: L10000114455

We have received your document for DECO JONES INVESTMENTS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Missing page (2) of the Amendment form with the required signature. I am enclosing the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 511A00022395

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

11 OCT -5 PM 1:44

-		SECRETAR	LOFSIATE
Deco	Jones Investments LL	O IALLAMANN	EE, FLORIDA
(Name of the Limited Lis (A Flo	bility Company as it now appearida Limited Liability Company)	rs on our recorus.)	
		<i>"</i>	
The Articles of Organization for this Limited Liabi	lity Company were filed on	11-02-2010	and assigned
Florida document numberL1000011445	<u>5</u> .		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company her	<u>·e</u> ;	
De	co Jones Group LLC		
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Compa	any," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable	<b></b>		
(Principal office address MUST BE A STREET A	DDRESS)		
•			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office	•	our records, enter t	the name of the new
Name of New Registered Agent:			<del>.</del>
New Registered Office Address:			
	Enter Florida street address		
		, Fiorida	
	City	· <del>-</del>	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 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

MGR = MS $MGRM = S$	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
	<del></del>		Add
	<del></del>		Domesia
			Add Remove
			Add Remove
D. If amen	ding any other information, enter char	nge(s) here: (Attach additional sheets, if necessa	11 SECF
_ _ _			FILED OCT -5 PM NETARY OF S
Dated	10/2/2011.		1: 45 TATE ORIDA
	MAY	or or authorized representative of a member  10 ° M O CENO  ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00