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SECRETARY OF STATE

N. Gulligen MAY 14 2012

COVER LETTER

то:	Registration Division of C		•		
SUBJI	ECT:	JANI	FROST LLC		
		Name of Lim	ited Liability Company		
The en	closed Articles	of Amendment and fee(s) are sub	omitted for filing.		
Please	return all corres	spondence concerning this matter	r to the following:		
			Denise Janssen		
			Name of Person		
	Janfrost LLC				
			Firm/Company		
	6900 Daniels Parkway, Suite 29-219		19		
Address		Address	-		
			Fort Myers, FL 33912		
	City/State and Zip Code				
		<u>den</u> is È-mail address: (e.janssen@sympatico.ca to be used for future annual report noti:	fication)	
For fur	ther information	n concerning this matter, please o	call:		
Jonah Spiegelman Name of Person			at (514) Area Code & Daytim	940-8066 ne Telephone Number	
Enclos	ed is a check for	the following amount:			
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

FILED

JANFRC	OST LLC	12 MAY 11 PM 3: 24	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appea Liability Company)	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
The Articles of Organization for this Limited Liability Company	y were filed on	April 20, 2012 and assigned	
Florida document numberL12000053864			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	bility company her	<u>e</u> :	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Compa	ny," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	6900 Daniels	Parkway, Suite 29-219	
(Principal office address MUST BE A STREET ADDRESS)	Fort Myers, F	L 33912	
Enter new mailing address, if applicable:	as above		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, enter the name of the new	
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> **Address** Type of Action <u>Name</u> ☐ Add Remove Add [Remove \square Add Remove Add Remove □Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary ., 2012 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00