L13000101967

•	
(Requestor's Name)	—
(Address)	
(Äddress)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	\neg

Office Use Only



800251441578

09/20/13--01007--016 **52.50

3 OCT 21 PH 4: 12

T Burch OCT 22.2012



COVER LETTER

, Division of Corporations			
NAME OF CORPORATION: JBF Premodeling and Des DOCUMENT NUMBER: L 13000101967			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Jerome Frankel			
Name of Contact Person			
1815 NW 67th AVE			
Address			
Mayare L 33005 City/ State and Zip Code			
Jerome Frankel (a) yahoo.com			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Jerone Frankel at (954) 729 9950 Name of Contact Person Area Code & Daytime Telephone Number			
Name of Contact Leison Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:			
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			

TO: Amendment Section

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



September 27, 2013

JEROME FRANKEL 1815 NW 67TH AVE MARGATE, FL 33063

SUBJECT: JBF REMODELING AND DESIGN, LLC

Ref. Number: L13000101967

We have received your document for JBF REMODELING AND DESIGN, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted was the wrong type.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Letter Number: 413A00022771

Tim Burch Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VIST remodely 23	and design 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 we	re filed on 1484 and assigned		
Florida document number <u>L1300010156</u>	7		
Profita document number 2700 00 101.			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	v company here:		
TRE 1 - Pal:	8 10 P 21 MO 2 5 5 6 1 (
The new name must be distinguishable and end with the words United	0 1/4/10001 (10/3)		
"L.L.C."	Lability Company, the designation 1220 of the attraction		
Enter new principal offices address, if applicable:	1 1 22		
(Principal office address MUST BE A STREET ADDRESS)			
<u>-</u>			
	₩ a +		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	SE SE		
Traumory want cos many to the control of the cost of t	C 8/90 20		
	97. 5		
B. If amending the registered agent and/or registered office	72.7		
registered agent and/or the new registered office address here:			
Name of New Registered Agent:			
	100		
New Registered Office Address:	Enter Florida street address		
	Liner Florida street address		
•	. Florida		

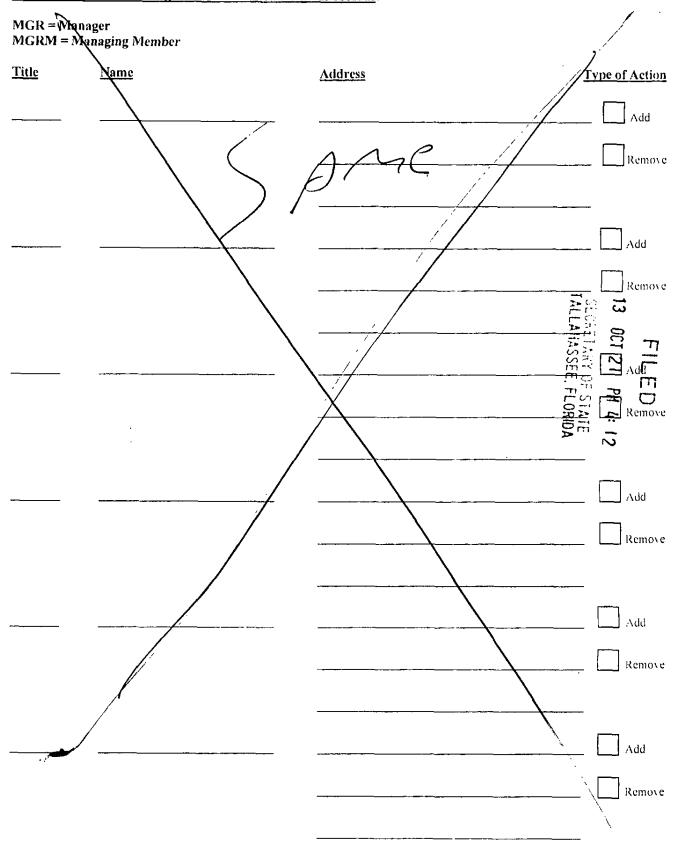
New Registered Agent's Signature, if changing Registered Agent:

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.

City

Zip Code

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:



D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Page 3 of 3

Filing Fee: \$25.00