

L15000 124577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

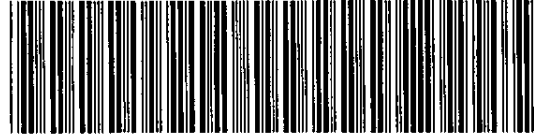
(Business Entity Name)

(Document Number)

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08/26/15--01016--005 **25.00

FILED
15 AUG 26 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 27 2015
J SHIVERS

ATTORNEYS

**MICHAEL A. KUS
MICHAEL J. RYAN
JEFFREY S. HOROWITZ
MIROSLAV P. VLCKO
CINDY RHODES VICTOR
JEFFREY T. GOUDIE**

**KUS RYAN
&
ASSOCIATES PLLC
ATTORNEYS AT LAW**

OF COUNSEL

**JAMES C. ROSE
THOMAS G. SCHLUENTZ**

August 25, 2015

VIA FEDERAL EXPRESS

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Articles of Amendment to Articles of Organization
Vero JJ LLC

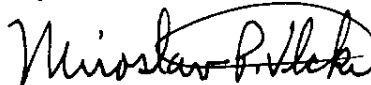
Dear Sir/Madam:

Please find enclosed the original Articles of Amendment to Articles of Organization for Vero JJ LLC along with our check in the amount of \$25.00 for the filing fee. It is my understanding that after the Amendment has been filed a letter of acknowledgement will be issued.

If you should have any questions, please feel free to call.

Yours truly,

Kus, Ryan & Associates, PLLC



Miroslav P. Vlcko

MPV/lat
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Vero JJ 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:

Miroslav P. Vlcko

Name of Person

Kus, Ryan & Associates

Firm/Company

2851 High Meadow Circle, Ste. 120

Address

Auburn Hills, Michigan 48326

City/State and Zip Code

mvlcko@kusryan.com

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

For further information concerning this matter, please call:

Miroslav P. vlcvko

248 364-3090
at (_____) _____

Name of Person

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**

Vero JJ 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 July 21, 2015 and assigned
Florida document number L15000124577.

This amendment is submitted to amend the following:

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

RJM Vero LLC

The new name must be distinguishable and contain 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

City

Florida

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change

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

15 AUG 26 PM 2:39
STATIONARY OFFICE
HALLANDALE FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated August 25, 2015

Miroslav P. Vlcek

Signature of a member or authorized representative of a member

Miroslav P. Vlcko

Typed or printed name of signee