## L03000045684

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SECRETARY DESTATE TALLAHASSEE, FLORIDA

## **COVER LETTER**

10:	Division of Corp					
SUBJE	·CT·	JNFo	rensics, LLC			
3000			ited Liability Company			
The end	closed Articles of A	Amendment and fee(s) are sul	omitted for filing.			
Please	return all correspor	ndence concerning this matter	to the following:			
			Joe Navarro			
			Name of Person			
			JNForensics, LLC	2009 SE TALI		
			, ,		2009 MAY -6 AM II: 38 SECRETARY OF STATE TALLAHASSEE, FLORID	•
P			P.O. Box 172454  Address		-6 ARY SSE	
		_			MAY -6 AMII: 38 RETARY OF STATE AHASSEE, FLORIDA	9
			Tampa, Florida 33672 City/State and Zip Code		II: 3	•
		j	nforensics@aol.com		D F 30	
			to be used for future annual report n	otification)		
For fur	ther information co	oncerning this matter, please of	call:			
	Jo Name of	e Navarro	at ( <u>813</u> )	494-4646	<del> </del>	
1		Terson	, non contact only	The Prophoto Pumber		
Enclose	ed is a check for the	e following amount:				
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	osed) Certified	te of Status &	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COU Registration Se Division of Con Clifton Buildin 2661 Executive Tallahassee, FL	rporations g c Center Circle			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	JNFORE	<u>NSICS, LC</u>			
( <u>Name of the Limite</u> (	<u>d Liability Comp</u> A Florida Limited	pany as it now app I Liability Company	<u>ears on our record</u> y)	<u>ls.</u> )	
The Articles of Organization for this Limited I Florida document numberL0300004		ny were filed on _	November 19	, 2003 and assign	ied
This amendment is submitted to amend the fol	llowing:				
A. If amending name, enter the new name	of the limited lia	ability company l	<u>iere</u> :		
	JNForen	sics, LLC			
The new name must be distinguishable and end w "L.L.C."	ith the words "Li	mited Liability Con	npany," the designa	tion "LLC" or the abb	reviation
Enter new principal offices address, if appli	cable:	N/A		2009 MA SEURE TALLAH	
(Principal office address MUST BE A STREET ADDRESS)				ARE NA	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	N/A		Y-6 AHII: 38 ARY OF STATE ASSEE, FLORIDA	LED	
B. If amending the registered agent and registered agent and/or the new registered of	office address h		n our records, <u>e</u>	nter the name of t	he nev
Name of New Registered Agent:	N/A			· · · · ·	
New Registered Office Address:	N/A				
			Enter Florida stre		
	<u> </u>	City	, Flori	da Zip Code	
		~,		z.p coue	

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:

	= Manager I = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		<u>N/A</u>	Add Remove
	<del>-</del>		Add Remove
			Add Remove
	_	TALL AHA	70000000000000000000000000000000000000
		SSEE, FLOR	
		Dor A	Remove
D. If a	mending any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	Remove
	When articles of organization or	riginally filed, LLC was written erroneously as 'read JNForensics, LLC. Thank you	
Dated _	 May 5	2009	
Dated_		Tee hover	
		ember or authorized representative of a member  Joe Navarro	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00