L04000008025

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HILLU 11 JUN 20 PM 2: 25 SECRETARY OF STATE

J. BRYAN

JUN 21 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: JES 9100 (Name of Lim	SS & MINYON LLC. nited Liability Company)
The enclosed member, managing member or filing.	r manager resignation and fee(s) are submitted for
Please return all correspondence concerning	this matter to:
Scott Wels	DN ·
(Contact Person) JES GLOSS = (Firm/Company)	Mirror, UC 器言言
99228 <u>Oversea</u>	SHOY.
(City/State and 2 ip Code)	33037.
For further information concerning this matt	er, please call:
(Name of Contact Person)	at (305) 453-0363. (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable t \$25 Filing Fee	to the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

Division of Corporations Clifton Building

Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JYJ Glass & MiRROR, 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	and assigned
Florida document number <u>L0400008055</u>	
25	
This amendment is submitted to amend the following:	a = m
	CRE =
A. If amending name, enter the new name of the limited liability company here:	器で加
•	572
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "Li "L.L.C."	C'okthe abbreviation
·	100 C
Enter new principal offices address, if applicable:	<u> </u>
(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 th	e name of the new
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·
New Periodes Address	
New Registered Office Address: Enter Florida street address	ess
, Florida	7in 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

Type of Action Title Name Address Thomas C Castillo ∏ Add Remove ☐ Add Remove \prod Add □ Remove Remove 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 Scott N-Clson Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00