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FEB - 9 2010

**EXAMINER** 



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SECRETARY OF STATE ON VISION OF CORPURATION

## **COVER LETTER**

TO:	Registration Se Division of Cor						
SUBJE	CT:	JEP OF	FLORIDA, LLC				
		_ ·	ited Liability Company	<del> </del>			
The encl	losed Articles of	Amendment and fee(s) are su	bmitted for filing.				
Please re	eturn all correspo	ondence concerning this matte	r to the following:				
			Name of Person	·			
(value of refsort							
JEP OF FLORIDA, LLC							
			Firm/Company				
		7	0 SPLIT ROCK ROAD				
			Address	<del></del>			
	SYOSSET, NY 11791						
	City/State and Zip Code						
		E-mail address: (	to be used for future annual report notific	cation)			
For furth	ner information c	oncerning this matter, please of	call:				
		D DOUKAS		589-0599			
	Name o	f Person	Area Code & Daytime	Telephone Number			
Enclosed	l is a check for th	ne following amount:					
\$25.0	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

		ORIDA, LLC			
( <u>Name of the Limited</u> (A	Liability Compa Florida Limited I	ny as it now appears Liability Company)	on our records.)		
The Articles of Organization for this Limited Li Florida document numberL04000010		were filed on	02/05/2004	and assig	ned
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liab	oility company here	:		
The new name must be distinguishable and end wit "L.L.C."	n the words "Lim	ited Liability Compan	y," the designation "L	LC" or the abl	breviation
Enter new principal offices address, if application	able:	70 SPLIT ROC	K ROAD	ಕ	NS S
(Principal office address MUST BE A STREET ADDRESS)		SYOSSET, NY 11791		177	<u> </u>
		<del></del>		<del>- 6</del>	TARY C
Enter new mailing address, if applicable:	70 SPLIT ROCK ROAD			- 광 <b>뛰</b> 다	
(Mailing address MAY BE A POST OFFICE BOX)		SYOSSET, NY 11791			1
			· · ·	<b>~~~~~~</b>	2
B. If amending the registered agent and/oregistered agent and/or the new registered of	r registered of fice address her	ffice address on ou r <u>e</u> :	r records, <u>enter tl</u>	ne name of	the new
Name of New Registered Agent:	TED DOUK	AS			
New Registered Office Address:	4713 VILLA				
	Ente	r Florida street addr	ess		
		NAPLES , Flori		34113	
		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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager

MGKM = N	lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	DOUKAS, TED	4600 MERRICK ROAD MASSPEQUA, NY 11758	Add  Remove
MGR	ARIES CAPITAL OF L.I. CORP	70 SPLIT ROCK ROAD SYOSSET, NY 11791	✓ Add ☐ Remove
			Add Remove
D. If amen	ding any other information, enter change(	(s) here: (Attach additional sheets, if necessary.)	
 			_
Dated	January 1st 2019	o out	
	_	of authorized representative of a member ED DOUKAS	
		or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00