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D. BRUCE

COVER LETTER

TO: Registration Sec Division of Corp		
SUBJECT: JAN E	BANI, LLC	
	Name of Limited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.	
Please return all correspon	ndence concerning this matter to the following:	
	Fatima Perlik	
	Name of Person	
	JAN BANI, LLC	
	Firm/Company	
	305 ADAIR AVENUE	
	Address	2013
	LONGWOOD, FL 32750	AUG-7
	City/State and Zip Code	
	fatimaperlik@embarqmail.com E-mail address: (to be used for future annual report notification)	
For further information co	oncerning this matter, please call:	E FLORIO
Fatima Perl	ik 407,682-2967	10.7 10.7 10.7 10.7 10.7 10.7 10.7 10.7
Name of		
Enclosed is a check for th	e following amount:	

□\$55.00 Filing Fee &

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(additional copy is enclosed)

MAILING ADDRESS:

□\$30.00 Filing Fee &

Certificate of Status

■ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

□\$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limiter	d Liability Company as it now ap A Florida Limited Liability Compan	pears on our records.) ny)	_
The Articles of Organization for this Limited I Florida document number <u>L0400062229</u>	Liability Company were filed on	08/23/2004 and	assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation s, if applicable: **A STREET ADDRESS** icable: **OFFICE BOX** gent and/or registered office address on our records, enter the panies of the new gistered office address here: **Segent:** Fatima Perlik dress: **Enter Florida street address** LONGWOOD Florida 32750		
The new name must be distinguishable and end w "L.L.C."	(A Florida Limited Liability Company) imited Liability Company were filed on 08/23/2004 and assigned 62229 If the following: Iname of the limited liability company here: Indeed with the words "Limited Liability Company," the designation "LLC" or the abbreviation of the supplicable: I STREET ADDRESS) In and/or registered office address on our records, enter the name of the new stered office address here: Enter Florida street address Enter Florida street address		
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		···
		<u> </u>	20
Enter new mailing address, if applicable:		F	
(Mailing address MAY BE A POST OFFICE	niling address MAY BE A POST OFFICE BOX)		
			<u> </u>
B. If amending the registered agent and registered agent and/or the new registered of	or registered office address office address here:	on our records, enter the nan	is of the nev
Name of New Registered Agent:	Fatima Perlik		
New Registered Office Address:	305 ADAIR AVENUE		
		Enter Florida street address	
		, Florida <u>32750</u>	
	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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Address Type of Action** <u>Title</u> <u>Name</u> PERLIK, JAN M 305 ADAIR AVENUE **MGRM** LONGWOOD, FL 32750 **FATIMA PERLIK** 305 ADAIR AVENUE **MGRM** LONGWOOD, FL 32750 Remove Remove Remove

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)					
	<u>, </u>				
ated	07. 31. 13				
	Jon Pelik				
	Signature of a member or authorized representative of a member				
	PERLIK, JAN M				
	Typed or printed name of signee				

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