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SECRETARY OF STATE STATE SECRETARY OF CORPORATIONS ON STATE OF STA

J. BRYAN

JAN 1 5 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
John Ronge S (Name of Person)	
JNP Properties, LLC (Firm/Company)	o
1883 Maisons DR	SECRETAR INISION OF C
LUTZ, PL 33558 (City/State and Zip Code)	LED STARY OF STARY CORPORA
For further information concerning this matter, please call:	SNO!
Son Forkes at (S(3) 205-1147 (Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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

(Name of the Limited Liability	Company as it now appeal Limited Liability Company)	rs on our records.)	<u></u>
The Articles of Organization for this Limited Liability C Florida document number LOSCODOLO 87	Company were filed on		and assigned
This amendment is submitted to amend the following:			and assigned Vision of Coapon Arion Secretary of Or Arion Secretar
A. If amending name, enter the new name of the limi	ited liability company her	<u>·e</u> :	3: 49
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Compa	any," the designation "LLC"	or the abbreviation
B. If amending the registered agent and/or regist registered agent and/or the new registered office adds Name of New Registered Agent: New Registered Office Address:		our records, <u>enter the r</u>	name of the new
New Registered Office / Address.	(E)	nter Florida street address	ÿ
/	(City)	, Florida(2	Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent a the provisions of all statutes relative to the proper an accept the obligations of my position as registered of being filed to merely reflect a change in the registere company has been notified in writing of this change.	and agree to act in this co ad complete performance gent as provided for in Cl	of my duties, and I am fa hapter 608, F.S. Or, if the	amiliar with and is document is
	(If Changing Registered Age	ent, <u>Signature of New Register</u>	red 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 Title Name **Address Type of Action** MGRA Rafael Hernandez Remove Add Remove Add Remove Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 0//08/07 Signature of a member or authorized representative of a member FORE C Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00