# 10500026965

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
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JUN 23 2009

**EXAMINER** 



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SECRETARY OF STATE

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# **COVER LETTER**

PO: 'N Registration Sect Division of Corpo				<i>t</i> ,
SUBJECT:	JENNIFER	R REBECCA, LLC		
		ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please return all correspond	dence concerning this matter	r to the following:		
		Michele O'Leary		
		Name of Person		
	LAW O	FFICE OF STEVEN W	ARM	
		Firm/Company		
	2101 NW 0	CORPORATE BLVD., S	STE. 220	
	`	Address		
•	ВОСА	RATON, FLORIDA 33	431	
		City/State and Zip Code		
	E-mail address: (	itswarm@fdn.com to be used for future annual repor	t notification)	
For further information con	cerning this matter, please o			
	ele O'Leary	at (_561 )	995-7877	
Name of P	Person	Area Code & D	Paytime Telephone Numbe	г
Enclosed is a check for the	following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	closed) Certified	ite of Status &

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

	<u>JENNIFER REBECCA LL</u>	<u>C</u>	
. ( <u>Name of the Limi</u>	ted Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited	d Liability Company were filed on	March 17, 2005	and assigned
Florida document numberL050000	026965		
Γhis amendment is submitted to amend the f	Following:		
A. If amending name, enter the new nam	e of the limited liability company h	ere:	
The new name must be distinguishable and end 'L.L.C."	with the words "Limited Liability Com	pany," the designation "Ll	LC" or the abbreviatio
Enter new principal offices address, if app	olicable:		<u> </u>
Principal office address MUST BE A STR	EET ADDRESS)		
			N (1977)
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFIC		9.	
			ည် ု
B. If amending the registered agent an registered agent and/or the new registered		our records, enter th	ne name of the nev
Name of New Registered Agent:			
New Registered Office Address:	2101 NW Corporate Blvd		<del> </del>
		Enter Florida street addr	ess
	Boca Raton	, Florida	33431
	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 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:

	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR `	MICHAEL MASON	187 SW 8th Terrace Boca Raton, Florida 33486	☐ Add ☑ Remove
MGR_	NOAH FISHKOFF	5818-A Fox Hollow Drive Boca Raton, Florida 33486	✓ Add Remove
			Add Remove
<del></del>	·		Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter c	change(s) here: (Attach additional sheets, if necess	sary.)
	*		
Dated	June 18, 2009		<del></del>

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Filing Fee: \$25.00