L05000057070

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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03/31/08--01047--008 **25.00

FILED
SECRETARY OF STATE
BIVISION OF CORPORATIONS
ON MAR 31 PM 4: 01

J. BRYAN

APR -1 2008

EXAMINER

COVER LETTER

| TO: Registration S Division of Co | | | | |
|-----------------------------------|--|---|---|--|
| SUBJECT: JN 1 | Name of Lin | P, LLC. ited Liability Company) | - 1000- | |
| | Amendment and fee(s) are sul | • | | |
| | Nicolas Co | (Name of Person) 2 Emergany Serv (Firm/Company) | | |
| | World Wide | e Emergency Serv (Firm/Company) | ices Institut | e |
| | | (City/State and Zip Code) | <u> </u> | SECRETARY OF SACTIONS OF WISION OF CORPORATIONS ON MAR 31 PM 4: 01 |
| Nicolas Co | econcerning this matter, please of Person) | eall:at (<u>305) </u> | Telephone Number) | 31 PM 4: 01 |
| Enclosed is a check for t | he following amount: \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is e | |

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

| JN Investment Grav Name of the Limited Liability (A Florida | O UC DBA Wor V Company as It now appears on on Limited Liability Company) | Idwide Emergery Serv. Inst. ur records.) |
|--|--|--|
| The Articles of Organization for this Limited Liability | Company wars filed on 1. | and assigned |
| | | and assigned |
| Florida document number <u>L050000570</u> | 10 | <u>o</u> |
| This amendment is submitted to amend the following: | | OB HAR 3 |
| A. If amending name, enter the new name of the lin | nited liability company here: | - SACE |
| 1/1 | 4 | 3 985 |
| The new name must be distinguishable and end with the we "L.L.C." | ords "Limited Liability Company," th | ne designation "LLC" or the abbreviation |
| Name of New Registered Agent: | NA | |
| New Registered Office Address: | NIA | |
| | (Enter Fl | lorida street address) |
| | , Florida | |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Registered land the provisions of all statutes relative to the proper accept the obligations of my position as registered being filed to merely reflect a change in the register company has been notified in writing of this change | t and agree to act in this capacit and complete performance of my agent as provided for in Chapter red office address, I hereby confi | duties, and I am familiar with and 608, F.S. Or, if this document is |
| | ALA | |

(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 MGRM = Managing Member | | | | | | |
|--------------------------------------|-------------------|---|---|--|--|--|
| <u>Title</u> | <u>Name</u> | Address | Type of Action | | | |
| MGR. | Frank Venuto | 1930 NE 210 St. Miami, Fc. 33179 | Add Remove | | | |
| MGR | Josefina A. Genao | 1930 NE 210 ST. MIAMI, FL. 33179 | Add Remove | | | |
| | | | Add Remove | | | |
| Province and the second | | | Add Remove | | | |
| | | | Add Remove | | | |
| | | | Add Remove | | | |
| D. If amen | | e(s) here: (Attach additional sheets, if necessary.) | | | | |
| - - - | | | SECRETARY OF STATE CHVISION OF CORPORATIONS 08 Mar 31 PM 4: 01 | | | |
| Dated | Jak 1 | / · | O TIONS | | | |
| | | or authorized representative of a member + Sou vanos or printed name of signee | | | | |

Page 2 of 2

Filing Fee: \$25.00