

LOS000109678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

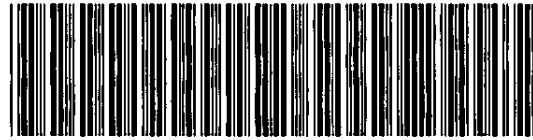
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

APR 22 2014

A. LUNT

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2014 APR 14 PM 4:49  
CLERK OF BUREAU  
HALLANDALE BEACH, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 2, 2014

JAMES REHM  
14537 COTSWORLDS DRIVE  
TAMPA, FL 33626

SUBJECT: JR MEX VENTURES LLC  
Ref. Number: L05000109678

We have received your document for JR MEX VENTURES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 314A00007062

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: JR MEX VENTURES, LLC

DOCUMENT NUMBER: LO5000109678

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAMES REHM

Name of Contact Person

Firm/ Company

14537 COTSWOLDS DRIVE

Address

TAMPA, FL 33626

City/ State and Zip Code

JREHM@ZIMZARI.COM

E-mail address: (to be used for future annual report notification)

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2014 APR 14 PM 4:49  
TALLAHASSEE, FL 32301

FILED

For further information concerning this matter, please call:

JAMES REHM

Name of Contact Person

at ( 516 )

458-7346

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

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

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JR MEX VENTURES, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAMES REHM

Name of Person

JR MEX VENTURES, LLC

Firm/Company

14537 Cotswolds Dr

Address

TAMPA, FL 33626

City/State and Zip Code

JREHM@ZIMZARI.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES REHM

Name of Person

at (516)

Area Code

458-7346

Daytime Telephone Number

Enclosed is a check for the following amount:

(already paid)

☐ \$25.00 Filing Fee

☐ \$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 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

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2014 APR 14 PM 4:49  
TALLAHASSEE, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

JR MEX VENTURES, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/14/2005 and assigned Florida document number 205000109678

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Pineapple Hospitality Group, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

, Florida

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>           |
|--------------|-------------|----------------|---------------------------------|
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|              |             |                | <input type="checkbox"/> Remove |
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RECORDS

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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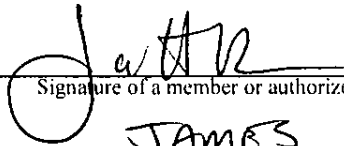
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 4-10, 2014.



Signature of a member or authorized representative of a member

JAMES REAM

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

*already paid*

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