# 19600013688

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# **COVER LETTER**

<b>TO:</b>	Registration Section Division of Corporations		
SUBJE	CCT: JOSEPH 4 INVESTI	MENT PLUS LLC (Name of Limited Liability Company)	
The end	closed Articles of Amendment an	d fee(s) are submitted for filing.	
Please	return all correspondence concerr	ing this matter to the following:	
	GUITEAL	J JOSEPH (Name of Person)	
		(Firm/Company)	<i>o</i>
	1897 SHERWOOD FOREST BLVD		SECT.
	WEST P.	(Address)  ALM BEACH, FL 33415	PILED  88 APR 22 AM 10: 56  SECRETARY OF STATE FLORIDA  TALLAHASSEE, FLORIDA  TALLAHASSEE, FLORIDA
		(City/State and Zip Code)	A IO.
For fur	ther information concerning this i	natter, please call:	26 S
GUIT	EAU JOSEPH (Name of Person)	at ( 561 ) 856-1031 (Area Code & Daytime Tele	lephone Number)
Enclose	ed is a check for the following am	ount:	
<b>□</b> \$25	.00 Filing Fee \$\sqrt{\sq}}}}}}}}} \sqrt{\sq}}}}}}}}}}} \sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}} \sqit}} \sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}} \sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}} \sqite\septitionentifend{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}} \end{\sqrt{\sqrt{\sin}	ing Fee & S55.00 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOSEPH 4 INVESTMENT F (Name of the Limited (A	PLUS LLC Liability Company as it now appears Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Li	ability Company were filed on 02/1	0/2006 and assigned	
Florida document number <u>L06000013688</u>	·	_	
This amendment is submitted to amend the follows:	08 APR 22 AM 10: SECRETARY OF ST		
A. If amending name, enter the new name of	the limited liability company here	第 3	
JOSEPH 4 GROUP, LLC		H.S. S.	
The new name must be distinguishable and end wit "L.L.C."  B. If amending the registered agent and/or the new registered of	or registered office address on ou fice address here:	y," the designation "LLC" or the appropriation	
Name of New Registered Agent:	GUITEAU JOSEPH		
New Registered Office Address:	New Registered Office Address: 6742 FOREST HILL BLVD # 263		
	(Ent	er Florida street address)	
·	WEST PALM BEACH	, Florida 33413	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing F  I hereby accept the appointment as registere the provisions of all statutes relative to the p accept the obligations of my position as regibeing filed to merely reflect a change in the signal of the signal	d agent and agree to act in this cap roper and complete performance o stered agent as provided for in Cha	f my duties, and I am familiar with and apter 608, F.S. Or, if this document is	

(If Changing Registered Agent, <u>Signature of New Registered Agent</u>)

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:

MGR = Manager

MGRM = Managing Member **Type of Action Address** Title -<u>Name</u> 1897 SHERWOOD FOREST BLVD Add MGR **GUITEAU JOSEPH** Remove WEST PALM BEACH, FL 33415 JEFFERSON JOSEPH Add MGR 1897 SHERWOOD FOREST BLVD WEST PALM BEACH, FL 33415 Remove MGR\_ <u>MGR</u> **GEANSLI JOSEPH** 1897 SHERWOOD FOREST BLVD Add WEST PALM BEACH, FL 33415 Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated APRIL 17TH Signature of a member or authorized representative of a member **GUITEAU JOSEPH** Typed or printed name of signee

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Filing Fee: \$25.00