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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

JLNGP, 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:

JEFF NUDELMAN

Name of Person

Firm/Company

2953 W. CYPRESS CREEK RD., #101

Address

FT. LAUDERDALE, FL 33309

City/State and Zip Code

PNSCPA@GATE.NET

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

For further information concerning this matter, please call:

JEFF NUDELMAN

_{31/}954\977**-**0900

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

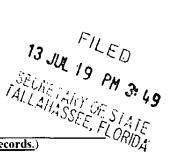
MAILING ADDRESS:

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



JLNGP,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 02/08/200	ond assigned
Florida document number L07000014472	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our reco ldress here:	ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flori	da street address
		, Florida
N B 14 14 11 11 11 11 11 11 11 11 11 11 11	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 Changing Registered Agent, Signature of New Registered 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

<u>Title</u>	<u>Name</u>	<u>Address</u> <u>T</u>	vpe of Action
MGRM	JEFF NUDELMAN	2953 W. CYPRESS CREEK RD, #101	Add
		FT. LAUDERDALE, FL 33309	Remove
MGR	JOHN PASSARIELLO	2953 W. CYPRESS CREEK RD, #101	Add
		FT. LAUDERDALE, FL 33309	Remove
MGR	JOYCE NUDELMAN	2953 W. CYPRESS CREEK RD, #101	Add
		FT. LAUDERDALE, FL 33309	Remove
			Add Remove
			Add Remove
			Add
			Remove

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Dated	7-17/ 2013	· ·
	Signature of a member of authorized representative of a member JEFF NUDELMAN	
	Page 3 of 3	
	Filing Fee: \$25.00	

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