L07000038572

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TO NOV 22 PM IT: 53

T. HAMPTON NOV 2 4 2010

EXAMINER

COVER LETTER

TO:	Registration Se Division of Cor			r		
SUBJE	CCT:	JNF EX	(PRESS LLC			
		Name of Limit	ted Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
			Elba J Acevedo			
			Name of Person			
JNF EXPRESS LLC						
Firm/Company						
			972 Helm Way			
			Address			
			City/State and Zip Code			
		jnfe E-mail address: (t	express@earthlink.net to be used for future annual report notifications	tion)		
For fur	ther information c	oncerning this matter, please c	all:			
Elba J Acevedo Name of Person			at (321) 6	93-6979		
	Name o	rerson	Area Code & Daytime	releptione Number		
Enclose	ed is a check for th	ne following amount:				
\$ 25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

10 NOV 22 PH IT: 57

	J N F EXP	RESS, LLC		
(<u>Na</u>	me of the Limited Liability Comp (A Florida Limited	any as it now appear Liability Company)	s on our records.)	
The Articles of Organization:	for this Limited Liability Compar	ny were filed on	4/10/07	and assigned
Florida document number	L07000038572 .			
This amendment is submitted	to amend the following:			
A. If amending name, enter	the new name of the limited lia	bility company her	<u>e</u> :	
The new name must be distingu "L.L.C."	ishable and end with the words "Lir	nited Liability Compa	ny," the designation "	LLC" or the abbreviation
Enter new principal offices	address, if applicable:		<u> </u>	
(Principal office address MU	ST BE A STREET ADDRESS)			
Pater and an allege at Jacob	:f			
Enter new mailing address, (Mailing address MAY BE A	••			
	ered agent and/or registered office address he		ur records, <u>enter</u>	the name of the new
Name of New Regis	tered Agent:			
New Registered Offi	ce Address:	Ent	er Florida street add	dress
		13		
		Citv	,	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, <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	FERNANDO ACEVEDO IV	329 Apollo Drive Satellite Beach, FL 32937	Add Remove
			Add Remove
			Add Remove
			Add Remove
<u></u>			Add Remove
			Add Remove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STATE DIVISION OF CORPORATION
Dated	November 10 20	010	S
	Signature of a member	er or authorized representative of a member	
		Eiba J Acevedo d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00