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

Office Use Only



000209107660

06/20/11---01033 --023 **25.00





C. LEWIS JUN 2 1 2011 **EXAMINER**

JNS, LLC Rumors Restaurant 20537 Old Cutler Road Cutler Bay, Fl. 33189

June 18, 2011

Florida Department of State P. O. Box 6327 Tallahassee, Fl. 32314

To Whom it May Concern:

Please make the change on the JNS, LLC as per the attached documents. The day time telephone number where I can be reached is: 786-486-8968; the business telephone number is: 786-242-7774. The return address is above.

Sincerely,

Rose Ann Farrell

Managing Member, Owner

COVER LETTER

	Registration Section Division of Corporations
SUBJEC	T: JNS LLC Name of Limited Liability Company
The enclo	osed Articles of Amendment and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	Rose Ann Farrell Name of Person
	Rumors Firm/Company
	20537 Old Cutler Rd.
	Cutter Bay FL. 33189 City/State and Zip Code Cumors restaurant. bistro@gmail.com E-mail address: (to be used for future annual report notification)
	E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
R	Se Ann Farrell at (786 486 - 8968 Name of Person Area Code & Daytime Telephone Number
Enclosed	is a check for the following amount:
\$25.0	O Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\ \text{S60.00 Filing Fee, Certified of Status & Certified Copy (additional copy is enclosed)}} \text{\$\ \text{Certified Copy (additional copy is enclosed)}} \$\ \text{Certified Cop

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

作礼程的

2011 JUN 20 PM 18 24

	_	THE PART OF THE PA
JWS (L	_('_	JUNE ARE DESCRIBE
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our rec Liability Company)	AND AHASSEE, FLORIDA
(# 1	1
The Articles of Organization for this Limited Liability Compan	y were filed on 6/26	2007 and assigned
Florida document number <u>LO7000066640</u>	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and end with the words "Lin'L.L.C."	nited Liability Company," the desi	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	NA	
Principal office address MUST BE A STREET ADDRESS)	,	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	N	A
3. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		, enter the name of the new
Name of New Registered Agent:	NA	
New Registered Office Address:	·***	
	Enter Florida s	treet address
	FI	orida
	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 **Address** <u>Title</u> Name **Type of Action** MGR+ MBRM Richard Farrell ☐ Add Remove ☐ Add Remove ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June Dated Signature of a member or authorized representative of a member

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00