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# **COVER LETTER**

TG:	Registration Section Division of Corpora		• •	
SUBJI	ECT:	JPFL J (Name of Lim	INVESTMENTS, LLC	
The en	aclosed Articles of Ame	endment and fee(s) are sub	mitted for filing.	
Please	return all corresponder	nce concerning this matter	to the following:	
		Ja	nes Paisley (Name of Person)	
	_		(Name of Person)	
	_		(Firm/Company)	<del></del>
	_	6	(Address)  Orth Palm Beach	ite 220
•	_	٨	Orth Palm Beach (City/State and Zip Code)	FL 33408
For fu	rther information conce	erning this matter, please c	all:	
	(Name of Pe	stanton rson)	at ( <u>561)</u> <u>844-3</u> (Area Code & Daytime	Gelephone Number)
Enclos	sed is a check for the fo	llowing amount:		
\$2:	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	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

(Name of the Limited Liability (A Florida L	Company as it now appears on imited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Co. Florida document number	•	02/2007 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limi</u>	ted liability company here:		
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company,"	the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	ESS)	100	
		× S 0	
·		SEP SEP	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		N S	
B. If amending the registered agent and/or registoregistered agent and/or the new registered office addr		ecords, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	(Enter 1	Florida street address)	
	, Florida		
<del></del>	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered	l Agent:		

(If Changing Registered Agent, Signature of New 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 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 Type of Action Title** <u>Name</u> James Morgan Crawford Paisley MGR Fortuna Dr. \_ Add 🕱 Remove ☐ Add ☐ Remove Remove Remove Remove ☐ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

Signature of a member or authorized representative of a member

Roger C - Stanton

Typed or printed name of signee Arthorized Representative

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Filing Fee: \$25.00