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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Jennz II 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:
Jennz 11 L.C. Firm/Company
1212 Cherokee Dr Address
Tallahause FL 32301 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (850) 694-83-60. Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S55.00 Filing Fee & Certified Copy (additional copy is enclosed) 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

Jennz II LLC.		
(Name of the Limited Liability Con (A Florida Limite	ipany as it now appears on our red Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Compa	ny were filed on <u>08-27</u>	- 2007 and assigned
Florida document number <u>L07000086662</u> GG		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
		45
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		5 1.
		CANA CO
B. If amending the registered agent and/or registered	office address on our re	cords enter the new of the new
registered agent and/or the new registered office address b	nere:	or o
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street e	Adress
	Liner i sur lett sir ett e	
	City	, Florida 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager uthorized Member			
<u>Title</u>	Name	Address	Type of Action	
AMBR.	Jennifer.F. Vrynius	1212. Cherokee Dr. Tollahousee Add F1. 32301. Remove		
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If amending any other information, enter change(s) here: (Attach additional sheets, if necessal	''y.)		

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Effective date, if other than the date of filing:	g.) PH suar	it t er 09 beHist	5.0207 ted as
he record specifies a delayed effective date, but not an effective time, at 12:01 a.m The 90th day after the record is filed.	. on the	e earli	er of
Dated 08 - 18 , 2065.			
Signature of a member or authorized representative of a member			
Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00