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(Requesto	r's Name)	
(Address)		
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PICK-UP	WAIT M	IAIL
(Business	Entity Name)	
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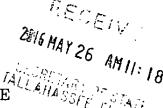
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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 16, 2016

JOE A. CATARINEAU, JD, CPA JOE A. CATARINEAU, PA 91750 OVERSEAS HIGHWAY TAVIERNIER, FL 33070

SUBJECT: LOUJOR, LLC Ref. Number: L07000092823

We have received your document for LOUJOR, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 316A00010303

www.sunbiz.org

COVER LETTER

TO: Registration So Division of Co				
LOUJOR. SUBJECT:	LLC			
SUBJECT.	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	JOE A. CATARINEAU, J	D, CPA		
		Name of Person		
	JOE A. CATARINEAU, I	γΛ		
		Firm/Company		
	91750 OVERSEAS HIGH	WAY		
	·	Address		
	TAVERNIER, FL 33070			
		City/State and Zip Code	·	
	JOE@TAXCATCPA.COM			
	t:-mail address: (to be used for future annual report no	otification)	
For further information c	concerning this matter, please c	all:		
JOE A. CATARINEAU		305 852-4833	IA 2	.
Name c	of Person	at () Area Code Dayti	me Telephone Number LLC AHAT ANALASSE A	
Enclosed is a check for t	he following amount:		1-1-1-2 U) [
■ \$25.00 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 Copyrian (additional copyris 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

LOUJOR, LLC		
(Name of the Limit	ted Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited L Florida document number L07000092823	iability Company were filed on <u>09/11/2</u>	2007 and assigned
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name o	f the limited liability company here:	
JERJOR, LLC		
The new name must be distinguishable and contain the v	ords "Limited Liability Company," the design	nation "L1.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	:able:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
Mailing address MAY BE A POST OFFICE B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	/or registered office address on ou	2016 SEC TALL
New Registered Office Address:	91750 OVERSEAS HIGHWAY	HAY HAY
New Negistered Office Address.	Enter Florida :	treet address S
	TAVERNIER	Florida 33070 7 7
	City	Zy Code_
New Registered Agent's Signature, if changing	Registered Agent:	10 A C
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registeng filed to merely reflect a change in the company has been notified in writing of this	per and complete performance of my istered agent as provided for in Chap registered office address, I hereby c change.	duties, and I am familiar with and pter 605, F.S. Or, if this document is

Page 1 of 3

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 = Manager

AMBR = Authorized Member <u>Title</u> Name <u>Address</u> **Type of Action** □ Remove ☐ Change □ Remove _ Change □ Add ☐ Remove ☐ Change 2016 VE TASSIL TO AND TO A Remove _□ Change _D Add □ Remove

☐ Change

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ctive date.	if other than the da	te of filing:			(optional)	7AC 2F
effective date	if other than the da	specific and canno	nt he prior to date	of filing or more the	m 90 days after filing.) Pursuant to 605.0
<u>ie:</u> if the dat ument's effe	te inserted in this block ective date on the Depar	does not meet it riment of State's	ne applicable su i records.	nnoch mus tedi	urements, this date	WILHOU DE HAIRO
dineric 3 office	certo dato im tro ivoja		, , , , , , , , , , , , , , , , , , , ,			25 NRY SSE
	ecifies a delayed el	Cartina data	but not an o	effective time	at 13:01 a.m.	on the oadler
recora spe he 90th d	ecifies a delayed el ay after the record	rective gate, I is filed.	out not an e	mecuve ume,	dt 12.01 d.m.	
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		Mr	JUNN_	presentative of a r		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00