

L080000008769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/04/08--01003--009 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
08 MAR -5 PM 3:45

~~EXAMINER~~
G. MCLEOD

MAR - 6 2008

EXAMINER

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>M M</u>	<u>MUSTAFA MAZIN</u>	<u>5338 LOS PALMA VISTA DRIVE</u> <u>ORLANDO FL 32837</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MM</u>	<u>SHAY BENNAIM</u>	<u>5338 LOS PALMA VISTA DRIVE</u> <u>ORLANDO FL 32837</u> <u>MM</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MM</u>	<u>DIAN BENNAIM</u>	<u>5338 LOS PALMA VISTA DRIVE</u> <u>ORLANDO FL 32837</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated 02/26/08

Dian Bennaim

Signature of a member or authorized representative of a member

DIAN BENNAIM

Typed or printed name of signee

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
08 MAR -5 PM 3:45

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

J D SPECIALTY GROUP, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/24/08 and assigned
Florida document number L08000008769.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: DIAN BENNAIM
New Registered Office Address: 5338 LOS PALMA VISTA DRIVE
(Enter Florida street address)
ORLANDO FL, Florida 32837
(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.

Dian Bennaim
(If Changing Registered Agent, Signature of New Registered Agent)

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: J D SPECIALTY GROUP, 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:

DIAN BENNAIM
(Name of Person)

J D SPECIALTY GROUP, LLC
(Firm/Company)

5338 LOS PALMA VISTA DRIVE
(Address)

ORLANDO FL 32837
(City/State and Zip Code)

For further information concerning this matter, please call:

DIAN BENNAIM at (407) 970-0239
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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