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COVER LETTER

	COVERLETTER	. 11/
TO: Registration		War.
Division of Co		
SUBJECT:	Jenric Proporties, LLC	
	Name of Limited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.	
Please return all corres	pondence concerning this matter to the following:	
	Rich Carner	
	Name of Person	· · · · · · · · · · · · · · · · · · ·
	Jense Properties	
	Firm/Company	
	212 Larel Line Address	
	Address	
	Ponde Velon Bouch, FL City/State and Zip Code	32282
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For Control in Control)
Por turmer information	concerning this matter, please call:	
Name	of Person at (904) 2 25 - 59 Area Code & Daytime Telep	phone Number
Nume	The code & Day time Telep	mone (Manue)
Enclosed is a check for	the following amount:	
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 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

Zip Code

Properties, LLC Liability Company as it now appears on our records. Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _ and assigned Florida document number LO POODOL2070 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." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address . Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	Denny Corney	212 Lavel Love Ponte vola Ball, FL 12012	Add Remove
MGR	Rick Carney	212 Lavel Lane Porfe Voh Bah Fr 320,72	Add Remove
Marn	Real Carmy	212 Lavord Lone Ponte Valo Bosh, FL 32092	Add Remove
Mahn	Jerry Carry	212 Lawrel Lane, Porte Ved. But. FL 32092	AddRemove
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter change((s) here: (Attach additional sheets, if necessary.)	
			
Dated	· / 2	J. Can	
- -	Rin	r authorized representative of a member Common printed name of signee	

Page 2 of 2

Filing Fee: \$25.00