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COVER LETTER

TO: Registration S Division of Co	Section orporations
JNC LLC	
SUBJECT:	Name of Limited Liability Company
	\cdot
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.
Please return all corresp	condence concerning this matter to the following:
	JAMES A. CLARK
	Name of Person
	JNC LLC
	Firm/Company
	241 S. WESTMONTE DR. SUITE 1040
	Address
	ALTAMONTE SPRINGS, FL 32714
	City/State and Zip Code
	JCLARK@ALTONCLARKREALTY.COM
San Gumban in Gamantian	E-mail address: (to be used for future annual report notification)
	concerning this matter, please call:
JAMES A. CLARK	407 575-7011 at (
. Name o	of Person Area Code Daytime Telephone Number
Enclosed is a check for t	the following amount:
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
<u></u>	

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

JNC LLC					
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)				
The Articles of Organization for this Limited Liability Company v Florida document number $\frac{L08000014927}{L08000014927}$.	vere filed on 02/11/2008	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability	ity company here:				
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abb	previation "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)		\$2			
		7			
		The state of the s			
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:		he name of the nev			
Telegraphic and the second of the audit ass here.		200			
Name of New Registered Agent:	,	-			
		6			
New Registered Office Address:	Enter Florida street address				
	, Florida				
	City	Zıp Code			
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro being filed to merely reflect a change in the registered office ac	erformance of my duties, and I am fa ovided for in Chapter 605, F.S. Or, i	miliar with and films this document is			

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added of removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CHRISTINE C. CLARK	241 S. WESTMONTE DR. #1040	≣ Add
		ALTAMONTE SPRINGS, FL 327	□ Remove
			☐ Change
			☐ Remove
			□ Change
	<u> </u>		
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The 90	th day after the record	d is filed.	e, but not a	in enective tir	ne, at 12.01 a.m	, on the ea	arner c
ated	May 8		2017				
			711		> .		• .
	Sig	anature of a mer	nber or authoriz	ed representative of	f a member		_

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Filing Fee: \$25.00