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COVER LETTER

TO: Registration Sect Division of Corpo		
SUBJECT:	(Name of Limited Liability Company)	
The enclosed Articles of Ar	mendment and fee(s) are submitted for filing.	
Please return all correspond	dence concerning this matter to the following:	
	Daniel Deluccia	
	(Name of Person) 3004 Ellice Way (Firm/Company)	
	naples, Fr. 34119	
	(City/State and Zip Code)	ì
	(City/State and Zip Code)	-
For further information con	2 Page 1	T ")
DANIE (Name of	ncerning this matter, please call: at (239) 293 902F Person) (Area Code & Daytime Telephone Number)	61-
Enclosed is a check for 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)	

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

JAURUS Inv	estignations L Company as it now appears o	LC	
' (<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears o Limited Liability Company)	<u>n our records.</u>)	
The Articles of Organization for this Limited Liability (Company were filed on	4-08	and assigned
Florida document number <u>Lu 800002299</u>	<u>-8</u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company,	" the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:)" [
(Principal office address MUST BE A STREET ADD	RESS)	•	JAN 20 PH
Enter new mailing address, if applicable:			S F
(Mailing address MAY BE A POST OFFICE BOX)	***************************************		Dr. B
B. If amending the registered agent and/or registered agent and/or the new registered office add		records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			·
New Registered Office Address:	(Enter	r Florida street add	dress)
		, Florida	
	(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.

(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	August Vencellan	6108 Touncienten CIA	Add Remove
	** ***********************************		Add Remove
			Add Remove
			Add Remove
			200 Amove TALLIANSSEE.
D. If an	nending any other information, enter chang		Remove C
	J. Am Reavesting 2 F August Venc OF Managen to	the Reinstament ellan to the to the LLC.	He
Dated _	1-16-09 Dannt W	or authorized representative of a member	
	Daniel Deluc	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00