

W08000038835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

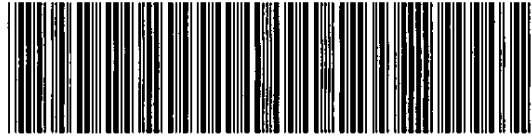
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2009 AUG -5 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. CLINE

AUG - 6 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 22, 2009

MARTHA COLOMA
13180 N CLEVELAND AVE #111
GENESIS FINANCIAL OF SOUTHWEST FLORIDA
NORTH FORT MYERS, FL 33903

SUBJECT: JRCR, LLC.
Ref. Number: L08000038835

We have received your document for JRCR, LLC. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because articles of correction must be submitted within 30 business days of the filed date, the enclosed document cannot be filed and is being returned to you.

We are enclosing the proper form(s) with instructions for your convenience.

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

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 609A00025142

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Genesis Financial of Southwest Florida, Inc.

13180 N. Cleveland Ave. #111

N. Fort Myers, FL 33903

Registration Section

Division of Corporations

Po Box 6327

Tallahassee, Florida 32314

(TO BE SUBMITTED WITH APPLICABLE FEE)

FILED
2009 AUG -5 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JRCR, 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:

MARTHA M COLOMA

Name of Person

GENESIS FINANCIAL OF SOUTHWEST FLORIDA, INC.

Firm/Company

13180 N CLEVELAND AVE #111

Address

NORTH FORT MYERS, FL 33903

City/State and Zip Code

NOTE: FILING FEE ALREADY SUBMITTED

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARTHA M COLOMA

Name of Person

at (239)

995-7500

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
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

FILED
2009 AUG -5 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

JRCR, 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 04/17/2008 and assigned
Florida document number L08000038835.

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)

FILED
2008 AUG -5 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

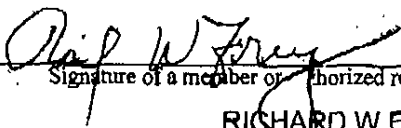
MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
Member	John Michael Frey	4120 Woodlyn Ter York, PA 17402	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Member	Rebecca Susan Frey	4120 Woodlyn Ter York, PA 17402	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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TREASURY
TALASSE
FLORIDA

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

Dated 07/01, 2009



Signature of a member or authorized representative of a member

RICHARD W FREY

Typed or printed name of signee