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(Re	equestor's Name)				
(Ac	ldress)				
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EXAMINER



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SECRETARY OF STATE
ALLAHASSEE, FLOBION

COVER LETTER

TO:	Registration Section Division of Corpor			·		
SUBJI	ECT:	JUELLE	MARINE LLC			
		Name of Limi	ted Liability Company			
The en	closed Articles of Am	endment and fee(s) are sub	omitted for filing.			
Please	return all corresponde	ence concerning this matter	to the following:			
			DWAIN BROWN			
	-		Name of Person			
JADE PARADISE LLC						
•			Firm/Company			
	1655 N. COMMERCE PKWY					
			Address			
		WE	STON FLORIDA, 3332	26		
	City/State and Zip Code					
	_	d.bro	own@juellemotors.cor to be used for future annual repor	n t notification)		
For fur	ther information conc	erning this matter, please c		· nonneamony		
Dwain Brown		at (_954)	980-08			
	Name of Pe	rson	Area Code & I	Daytime Telepho	ne Number	
Enclos	ed is a check for the fo	ollowing amount:				
▼ \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end		\$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 OF

	ARINE LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Compan	y were filed on	4/6/2011	and assigned
Florida document numberL0900005142			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here	:	
The new name must be distinguishable and end with the words "Lir" L.L.C."	nited Liability Compar	ny," the designation	'LLC" or the abbreviation
Enter new principal offices address, if applicable:			- value
Principal office address MUST BE A STREET ADDRESS			SEC.
			APR APR
Enter new mailing address, if applicable:			NAY O
Mailing address MAY BE A POST OFFICE BOX)			FS =
<u>.</u>		•	PRICE CONTRACTOR OF THE PRICE O
B. If amending the registered agent and/or registered oregistered agent and/or the new registered office address he		ur records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:		Et it is	1.1
	Ent	er Florida street ac	iaress
 	City	, Florida _	Zip Code
	City		zip Coae

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

MGR = Manager

MGRM = Managing Member

lf 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:

Type of Action Address <u>Title</u> Name CARL ELSAMMAK MGR ☐ Add
☑ Remove 1655 N Commerce Pkwy. Weston Fl. 33326 VICTOR SPENCE MGR ✓ Add 1655 N Commerce Pkwy Weston FL 33326 Remove Remove Remove _____Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 4/6/ 2011 Dated Signature of a member or authorized representative of a member Dwain Brown Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00