

#L0900005/434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700219725947

02/07/12--01025--007 **30.00

FILED
12 FEB -7 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
FEB 8 2012



15880 San Carlos Blvd., #240, Ft. Myers, FL 33908

239-313-7474 Office 239-313-7466 Fax

www.PremierSandalsRealty.com

January 24, 2012

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Removing: Stanley D. Poole
Adding : Joni M. Willoughby

To Whom It May Concern:

I am enclosing the Articles of Amendment to Articles of Organization of JCN321, LLC dba Premier Sandals SWFL Realty. We are adding Joni M. Willoughby as Mgrm and removing Stanley D. Poole as Mgrm. I have enclosed a check in the amount of \$30.00 for the filing fee and Certificate of Status.

Stanley D. Poole has also enclosed a letter resigning as qualifying broker and managing member.

Sincerely,

Jenna Willoughby
Member Manager
Premier Sandals SWFL Realty



15880 San Carlos Blvd., #240, Ft. Myers, FL 33908

239-313-7474 Office 239-313-7466 Fax

www.PremierSandalsRealty.com

January 24, 2012

Department of Business and Professional Regulation

1940 North Monroe Street

Tallahassee, FL 32399-0783

Fax: 850-922-4191

RE: Removing Broker: Stanley D. Poole

To Whom It May Concern:

Please be advised that I, Stanley D. Poole (BK 3218179) am resigning as the qualifying Broker for the corporation of JCN321, LLC dba Premier Sandals SWFL Realty. Also I am resigning as a member of JCN321, LLC.

Please remove me on the corporate office with license number CQ1035040 and Branch office license number BO2023219. I have also enclosed Form # DBPR RE 11 to simultaneously change my license status from Qualifying Broker to Broker Sales Associate with Premier Sandals SWFL Realty.

Should you need anything further please do not hesitate to contact me. Thanking you for your assistance in this matter.

Sincerely,

A handwritten signature in black ink that reads 'Stanley D. Poole'.

Stanley D. Poole

Realtor

Email: stanpoole02@comcast.net

Cell Phone: 239-989-3442

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JCN 321, LLC dba Premier Sandals SWFL Realty
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:

Jenna Willoughby

Name of Person

JCN321, LLC

Firm/Company

15880 San Carlos Blvd. #240

Address

Fort Myers, FL 33908

City/State and Zip Code

jenna@premiersandalsrealty.com

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

For further information concerning this matter, please call:

Jenna Willoughby

Name of Person

at (239)

313-7474

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

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

JCN321, LLC dba Premier Sandals SWFL Realty
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
12 FEB -7 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on May 27th 2009 and assigned
Florida document number L09000051434.

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 _____

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:

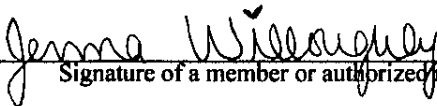
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Joni M. Willoughby	15880 San Carlos Blvd., #240 Fort Myers, FL 33908	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Stanley D. Poole	15880 San Carlos Blvd., #240 Fort Myers, FL 33908	<input type="checkbox"/> Add <input checked="" 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

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

Dated _____, _____


 Signature of a member or authorized representative of a member
 Jenna K. Willoughby
 Typed or printed name of signee