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G. MCLEOD

AUG 19 2009

EXAMINE

COVER LETTER

TO: Registration S Division of Co						
SUBJECT:	JANEEN F	REAL ESTATE PA				
oobozer.		ited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are sui	omitted for filing.				
Please return all corresp	oondence concerning this matter	to the following:				
	J	AMES FRONHEISER				
		Name of Person				
	JANEEN REAL ESTATE PA					
		Firm/Company				
	324 CAPRI BLVD					
		Address				
		NAPLES, FL 34113	•			
•		City/State and Zip Code	-			
•	ALPI E-mail address: (HA595@HOTMAIL.CO	M notification)			
For further information	concerning this matter, please of	call:				
	S FRONHEISER	at (_239_)	572-3047			
Name	of Person	Area Code & D	aytime Telephone Number			
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Regis Divis P.O. l	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314	Registration S Division of C Clifton Build:	orporations			

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JANEEN RE	AL ESTATE PA	Α		
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appea ed Liability Company)	rs on our records.	-	
The Articles of Organization for this Limited Liability Comp	06/12/2009	and assigned		
Florida document numberL0900057407				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company he	<u>re</u> :		
The new name must be distinguishable and end with the words "! "L.L.C."	Limited Liability Comp	any," the designation "L	LC" or the ab	obreviation
Enter new principal offices address, if applicable:		·	·····	_므
(Principal office address MUST BE A STREET ADDRESS	<u> </u>			<u>≥</u> :2
			A	9 8
			0	
The same of the state of the st			ထ	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)			- 5	
				
			. –	C. III.
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, enter t	he name of	the nev
registered agent and/or the new registered office address	were.			
Name of New Registered Agent:			,	
New Registered Office Address:				
	Enter Florida street address			
		, Florida		<u>-</u>
	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 <u>Name</u> **Address** Type of Action **MGRM** ANGELA REYNOSO 324 CAPRI BLVD, NAPLES FL 34113 Add Remove ☐ Add Remove ___ Add Remove Add Remove □Add Remove Add 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 JAMES FRONHEISER Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00