

LI 0000007739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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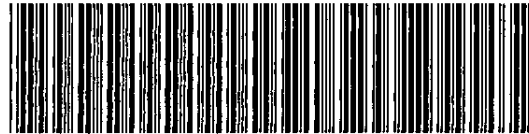
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. CLINE

APR 26 2011

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: J & P ANGEL ACADEMY, L.L.C.
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:

Nadine Paul

Name of Person

Firm/Company

3554 NW 91st Lane

Address

Sunrise, FL

City/State and Zip Code

kingdomlady@live.com

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

For further information concerning this matter, please call:

Nadine Paul

Name of Person

at (954)

864-8717

Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 APR 25 AM 10:07

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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**

J & P ANGEL ACADEMY, L.L.C

(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 1/21/2010 and assigned
Florida document number L10000007739.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Three J's Angels Academy, L.L.C.

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:

595 N.E. 161 st.

(Principal office address MUST BE A STREET ADDRESS)

North Miami, Florida 33162

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

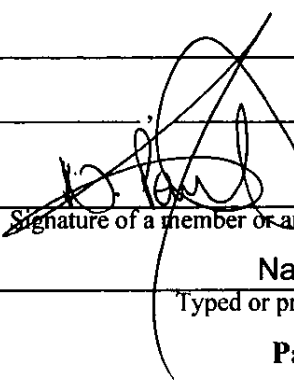
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JOERELLE CUNNINGHAM	595 N.E. 161 st. North Miami, Florida 33162	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Joeneyce Cunningham	595 N.E. 161 st. North Miami, Florida 33162	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Joezet Cunningham	595 N.E. 161 st. North Miami, Florida 33162	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Gabriellee Cunningham	595 N.E. 161 st. North Miami, Florida 33162	<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

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 APR 25 2007
 TALLAHASSEE, FLORIDA
 SECRETARY OF STATE

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

Nadine Paul

Typed or printed name of signee