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SECRETARY OF STATE
ARE CHETARY SEE, FLORIDA

T. Buse 15 2014

# **COVER LETTER**

TO: Registration Section Division of Corpor		
JEANNIE II	INVESTMENT GROUP, LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of Am	mendment and fee(s) are submitted for filing.	
Please return all corresponde	lence concerning this matter to the following:	
	JEANNIE GRAVERAN	
. 1	Name of Person	
	JEANNIE INVESTMENT GROUP, LLC	
	Firm/Company	
	3450 WEST 84 STREET, STE 201	
	Address	
	HIALEAH, FL 33018	
<u>.</u>	City/State and Zip Code JGRAVERAN@JEANNIEHOMES.NET	
	E-mail address: (to be used for future annual report notification)	
For further information conc	cerning this matter, please call:	
JEANNIE GRAVERA	at ( )	
Name of Pe	Person Area Code Daytime Telephone Number	
Enclosed is a check for the f	following amount:	
□ \$25.00 Filing Fee	(additional copy is enclosed) Certified	e of Status &

### 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

# JEANNIE INVESTMENT GROUP, 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 2/2/2010 and a

and assigned Florida document number L10000012353 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

### 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 605, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Title Name **Address** Type of Action MGR AMY KHAMISSIAN 16820 NW 82 AVENUE □ Add MIAMI LAKES, FL 33016 Remove  $\square$  Add ☐ Remove \_\_\_\_\_ □ Add □ Add \_□ Remove □ Add ☐ Remove □ Add ☐ Remove

N/A	
he effective date must be specific, cannot be p	rior to date of receipt or filed date and cannot be more than 90 days after
Effective date, if other than the date The effective date must be specific, cannot be p the date this document is filed by the Florida D Dated NOVEMBER 20	rior to date of receipt or filed date and cannot be more than 90 days after
The effective date must be specific, cannot be p the date this document is filed by the Florida D Dated NOVEMBER 20	prior to date of receipt or filed date and cannot be more than 90 days after department of State)

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Filing Fee: \$25.00