## L10000019908

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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T. CLINE
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EXAMINER

## **COVER LETTER**

TO:	Registration S Division of Co				
SUBJECT: J			E2055 LLC		
		Name of Limi	led Liability Company		
		f Amendment and fee(s) are sub	<u>-</u>		
110000	totam un corresp	onderior concerning and matter	to the following.		
			Antonio Aglione		
			Name of Person		
			JULIE2055 LLC		
			Firm/Company		_
2			055 BLOUNT ROAD		TAL!
			Address		APR APR
			2011 APR 25 PM 1: 39 SECRETARY OF STATE TALLAHASSEE. FLORID		
			City/State and Zip Code		mon 3
			uperior8070@aol.com to be used for future annual report notification)		F STATE
For for	than information	concerning this matter, please c		action,	5m 3
rortui	ther information	concerning this matter, please c	aii.		
	An	tonio Aglione	at (/	647-0897	
	Name	of Person	Area Code & Daytime	Telephone Number	
Enclos	ed is a check for t	the following amount:		,	
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
MAILING ADDRESS: Registration Section			STREET/COURIE Registration Section		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ji	ULIE2055 LLC		
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appea a Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	2/22/2010	and assigned
Florida document numberL10000019908	·		
This amendment is submitted to amend the following:	•		
A. If amending name, <u>enter the new name of the li</u>	mited liability company her	<u>re</u> :	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Compa	any," the designation "I	LC" or the abbreviati
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADL	DRESS)		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			Y OF STATE A
B. If amending the registered agent and/or reg		our records, enter t	he name of the no
Name of New Registered Agent:			
		***************************************	
New Registered Office Address:	nter Florida street add	ress	
		. Florida	
<del></del>	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>	<u>Address</u>	Type of Action
MGR	Antonio Aglione	2055 Blount Road Pompano Beach, Fl. 33069	✓ Add Remove
			Add Remove
			Add Remove
			201 Jamove SECTION AR SECTION AR
	<del></del>		Remove
	<del></del>		Add Remove
D. If amen	ding any other information	enter change(s) here: (Attach additional sheets, if nec	essary.)
	April 6		
		<u></u>	
	Signatur	e of a member or authorized representative of a member	
		Antonio Aglione	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00