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10 MAR 11 PH 1: 07

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C. LEWIS MAR 1 1 2010 **EXAMINER**

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: JNP Holdings, LLC 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:					
Jennifer Pearce Name of Person JNP Haddings, LLC Firm/Company					
JNP Holdings, ILC Firm/Company					
1800 Missouri Ale Address					
Lynn Haven FL 33444 City/State and Zip Code yenn fer peace Chatmal Com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Tennifer Pearce at (850) 833-8360 Name of Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee & \text{Certified Copy} & \text{(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

FILED

INP Holdings HIC	10 MAR PM
(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our records. ARY OF STATE Liability Company) ALLAHASSEE, FLORIDA
The Articles of Organization for this Limited Liability Company	y were filed on March 1, 2010 and assigned
Florida document number L 100000 3 5918.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
The new name must be distinguishable and end with the words "Lim"L.L.C."	nited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	1802 Missouri Ave
(Principal office address MUST BE A STREET ADDRESS)	Lynn Haven, FL 32444
Enter new mailing address, if applicable:	1802 Missouri Ave
(Mailing address MAY BE A POST OFFICE BOX)	Lynn Haven FL 32444
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	
Name of New Registered Agent:	er Pearce
New Registered Office Address: 1803	Enter Florida street address
Lynn	Haven Florida 33444 City Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>

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

Page 1 of 2

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>	Address	Type of Action
Mbrm	Jennifer Pear	Lynn Hoven, FL 30	Ve ✓ Add 444 ☐ Remove
МЬRM	Jennifer Pea	ree 1680 Baldwin Park	Add Remove
			Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
			AddRemove
D. If am	ending any other information	n, enter change(s) here: (Attach additional sheets, if r	necessary.)
•			SECULAHASSI
Dated	March II	, <u>aolo_</u> .	Y OF STATE SEEF, FLORIDA
(Signati Sent	ire of a member or authorized representative of a member for the force. Typed or printed name of signee	Dr

Page 2 of 2

Filing Fee: \$25.00