L10000047049

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP		MAIL	
(Bu	isiness Entity Nar	me)	
(Business Ellity Name)			
(Do	ocument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		

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10 AUG 18 AMII: 10 SEGNETARY OF STATE

COVER LETTER

Registration Section

TO:

Division of Co	orporations				
SUBJECT:	JB	J NFA LLC			
		ited Liability Company			
	f Amendment and fee(s) are su	-			
Please return all corresp	condence concerning this matte	r to the following:			
		Leise Mendez, Maria			
	Name of Person				
	JBJ NFA LLC				
		Firm/Company			
		P.O. Box 8662			
		Address			
	····	Naples, FL 34101			
	IR I	City/State and Zip Code			
	E-mail address: (NFA_LLC@yahoo.com to be used for future annual report notif	ication)		
For further information	concerning this matter, please	call:			
	hn Thedford	at (_239_)	200-5600		
Name	of Person	Area Code & Daytim	e Telephone Number		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Fiting Fee & Certified Copy (additional copy is enclosed	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Regist Divisi P.O. E	ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	on rations enter Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED 10 AUG IR AMIL

			5" P - 15 m =	2 WHII: 10	
•	JBJ NF/		TALLADAR	Y OF STATE EE, FLORIDA	
(<u>Name of the Limited</u> (A			rs on our records.	EE, FLORIDA	
(A	Florida Limited L	iability Company)			
The Articles of Organization for this Limited Lia	ability Company	were filed on	May 3, 2010	and assigned	
Florida document number L10000047	069 _				
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liebi	lity somnony ho	wa.		
A. It amending name, enter the new name or	the minted habi	псу сопірану пе	<u>re</u> :		
The new name must be distinguishable and end with	the words "Limit	ed Liability Comp	any " the designation "I	J.C" or the abbreviation	
"L.L.C."		ou monny comp	any, me avoignation is		
Enter new principal offices address, if applica	ıble:				
(Principal office address MUST BE A STREET	TADDRESS)		,		
Enter new mailing address, if applicable:		P.O. Box 866	62, Naples, FL 341	101	
(Mailing address MAY BE A POST OFFICE L	3 <i>0X</i>)				
	<u>-</u> _				
B. If amending the registered agent and/o			our records, <u>enter t</u>	he name of the new	
registered agent and/or the new registered off	ice address here	:			
N (N) P 14 14 4	Laisa Manda	vz Maria			
Name of New Registered Agent:	Leise Mendez, Maria				
New Registered Office Address:					
	Enter Florida street address				
		Naples	, Florida	34103	
		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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member

<u>Title</u> .	Name	Address	Type of Action
MGR	Leise Mendez, Maria	P.O. Box 8662. Naples, FL 34101	Add Remove
MGR_	Thedford, John Lee	5974 Taylor Road, Ste 4, Naples FL 34109	Add ☑ Remove
	<u></u>		Add Remove
			Add Remove
			☐Add ☐Remove
			Add Remove
D. If ame	nding any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.) i
- - -	18		FILED 10 AUG 18 AM II: 10 SECRETARY OF STATE BALLAHASSEE, FLORED
Dated	August 13 ,	2010 AA	RDA
	Signature of a mer	mber or authorized representative of a member	•
		John Lee Thedford	
	Ty	ped or printed name of signee	

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Filing Fee: \$25.00