1-10000017069

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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B. BOSTICK
AUG 1 8 2011
EXAMINER

COVER LETTER

то:	Registration Sect Division of Corpo						
SUBJI	ECT:	JBJ	NFA LLC				
		Name of Limi	ted Liability Company				
		mendment and fee(s) are sub					
Please	return all correspond	dence concerning this matter	to the following:				
			John L Thedford				
			Name of Person				
			JBJ NFA LLC				
			Firm/Company				
			PO Box 8662	1032	81 R	990 3	,4103
			Address				
			Naples, FL 34101			F o	
			City/State and Zip Code				
		best_pa	awn_of_lehigh@yah to be used for future annual i	noo.com	ion!	_ <u> </u>	<u> </u>
				report nouricau	ion)		
For fur	ther information cor	cerning this matter, please c	call:			سا ئىرى	-0 1
	John	L Thedford	at (239)	20	0-5600	1.0R	
	Name of F		Area Code	& Daytime To		mber Dr	F 5
Enclos	ed is a check for the	following amount:					
		\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy i		Cert Cert) Fifing Fee, ificate of Sta ified Copy itional copy	
		G ADDRESS:		F/COURIER	ADDRES	S:	

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	ed Liability Cor (A Florida Limit	npany as it now appeared Liability Company	ars on our records.)		
		ed Buomity Company,			
The Articles of Organization for this Limited	Liability Comp	oany were filed on	05/23/2010	and	assigned
Florida document numberL1000004	17069				
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited	liability company he	re:		
The new name must be distinguishable and end w 'L.L.C."		Limited Liability Comp	any," the designation	"LLC" or th	e abbreviation
Enter new principal offices address, if appl					
Principal office address MUST BE A STRE	<u>ET ADDRESS</u>	<u></u>		<u> </u>	<u> </u>
				AUG LAH	
Enter new mailing address, if applicable:		1032 El Rad	0	ASSE.	partition of the second of the
Mailing address MAY BE A POST OFFICE	address MAY BE A POST OFFICE BOX) Naples, FL 34103		4103	_ 71	
				OR C	∷
				DE (0
B. If amending the registered agent and registered agent and/or the new registered or and/or the new	or registered	office address on	our records, <u>ente</u>	the name	of the new
egistered agent and/or the new registered (mice address	<u>nere</u> :			
Name of New Registered Agent:	John L T	hedford		·	
New Registered Office Address:	New Registered Office Address: 1032 El Rado				
		Er	iter Florida street a	ddress	
		Naples, FL	, Florida _	341	03
		City		Zip Co	de

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>	Name	Address	Type of Action
MGRM	John L Thedford	1032 El Rado Naples, FL 34103	✓ Add ∴ Remove
MGR_	Maria Leise Mendez	1032 El Rado Naples, FL 34103	Add Remove
	·		Add Remove
			Add Remove
			Add TRemove
D. If amend	ling any other information, enter ch	nange(s) here: (Attach additional sheets, if necess	Ary.) DA
_			
Dated	3/15/VI	- M	
		mber or authorized representative of a member John L Thedford /ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00



August 2, 2011

JOHN L. THEDFORD JBJ NFA LLC POST OFFICE BOX 8662 NAPLES, FL 34101

SUBJECT: JBJ NFA, LLC Ref. Number: L10000047069

We have received your document for JBJ NFA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6028.

Letter Number: 511A00018227

Barbara Bostick Regulatory Specialist II

www.sunbiz.org