# LINUCOOS6467

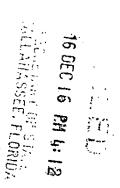
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## **COVER LETTER**

то:	Registration Sec Division of Corp			•
SUBJE	2NJB, LLC			
30001		Name of Limi	ited Liability Company	
The en	closed Articles of A	Amendment and fee(s) are subi	mitted for filing.	
Please	return all correspor	ndence concerning this matter	to the following:	
		Craig B. Shapiro, Esq.		
			Name of Person	
			Finn/Company	
		46 S.W. 1st Street, 4th Floo	or	
			Address	<u> </u>
		Miami, FL 33130		
			City/State and Zip Code	
		cshapiro@belaw.cc		· · · ·
		E-mail address: (t	to be used for future annual report notifi	cation)
For fur	ther information co	oncerning this matter, please ca	all:	
Craig I	3. Shapiro, Esq		305 358-1515 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e following amount:		
\$2:	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (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

2NJB, LLC				
(Name of the Lim	ited Liability Compan (A Florida Limited Li	iy as it now appears on iability Company)	our records.)	
The Articles of Organization for this Limited I Florida document number L10000086467		were filed on $\frac{08/17/2}{2}$	2010	_ and assigned
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited liabil	lity company here:		
The new name must be distinguishable and contain the	words "Limited Liabili	ty Company," the design	nation "LLC" or the abbro	eviation "L.L.C."
Enter new principal offices address, if appli	icable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and registered agent and/or the new registered of	d/or registered off	fice address on ou	er records, enter E	e name of the nev
Name of New Registered Agent:	Craig B. Shapiro	o, Esq.	**	
New Registered Office Address:	46 S.W. 1st Stree			
		Enter Florida s	street address	
	Miami		, Florida <u>3313</u>	)
		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 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.

If Changing Regis ered Agent, Signature of New Registered Agent

CRAIL & SHAPTED

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Craig B. Shapiro	6421 S.W. 63rd Terrace	
		South Miami, FL 33143	☐ Remove
			■ Change
MGR	Alberto Aran	1097 S.W. Le Jeune Road	Add
		Coral Gables, FL 33134	■ Remove
			☐ Change
			☐ Add  Reprove  Change
			Add Remove
			☐ Change
			□ Add
			☐ Remove
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