

06/27/2013 15:24 3056701993

GUZMAN & GUZMAN PA

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Division of Corporations

# L10000087551

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H13000146469 3)))



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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : GUZMAN & GUZMAN, P.A.  
Account Number : I20080000090  
Phone : (305) 670-1991  
Fax Number : (305) 670-1993

*Amend.*

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2013 JUN 27 AM 8:50

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
JR FACTORING, LLC**

Certificate of Status	0
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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J. SAULSBERRY  
EXAMINER

JUN 28 2013

H 130001464693

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

JR FACTORING, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/20/2010 and assigned Florida document number L10000087551.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

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SHERIFF'S OFFICE  
HALLAM, S.D.

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new**  
**registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
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**

14130001464693.

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>	<u>Address</u>	<u>Type of Action</u>
MGR	JUAN CALLE	3615 COLLINWOOD LN	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH, FL 33406	<input type="checkbox"/> Remove
MGR	RAMIRO J MARQUESINI	3615 COLLINWOOD LN	<input type="checkbox"/> Add
		WEST PALM BEACH, FL 33406	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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CLERK OF DISTRICT COURT  
STATE OF FLORIDA

11. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated JUNE 25

2013

X

Signature of a member or authorized representative of a member

RAMIRO J MARQUESINI

Typed or printed name of signer

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