21000120995

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
A. LUNT				
DEC 20 2010				
EXAMINES				

Office Use Only



700188755297

12/17/10--01035--005 **55.00

2010 DEC 17 AM IN: 26 SEGRE JARY OF STATE FALLAHASSEE, FLORID

COVER LETTER

SUBJECT: SosePH & Lenne Commodities, 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: SCOTT NEWCOM Name of Person Firm/Company 48 LANIAT C. A Address BOLA 1A7013, FL. 33487 City/State and Zip Code TAX - SOLAT 1025 & 66(155057111)364 B-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 170 BENT KESLING Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$\Begin{array}	TO:		egistration Section ivision of Corporations				
Please return all correspondence concerning this matter to the following: SCOTT NEWCOMM Name of Person	SUBJE	СТ:	ITIES, LLC				
Name of Person Firm/Company 48 LANIAT C. R Address BOLA NATOLO FL. 33487 City/State and Zip Code TAX - SOLUTIONS & BELLSOTTION E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 170 BENT KESLING Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$\int \frac{1}{2} \frac	The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Firm/Company 48 LANIAT C, A Address BOCA NATOLO, FL 33487 City/State and Zip Code TAX - SOLUTIONS & BELLSOTHING E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 170 BENT KESLING at (56) 738-5371 Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee \$ Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy	Please	return all correspo	ondence concerning this matter	to the following:			
Firm/Company 48 LANIAT C, R Address BOLA TAIOLS, FL. 33487 City/State and Zip Code TAX - SOLUTIONS & BEILSOUTH, JOE SE BEILS OF This present information concerning this matter, please call: 170 BENT KIESLING at (56) 738-937/ Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee \$25.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)			S C 0	TT NEWCOM			
Enclosed is a check for the following amount: [] \$25.00 Filing Fee							
Enclosed is a check for the following amount: [] \$25.00 Filing Fee				Firm/Company	2018		
Enclosed is a check for the following amount: [] \$25.00 Filing Fee			48 2.	ANIAT CIA	ARE BE		
Enclosed is a check for the following amount: [] \$25.00 Filing Fee			2 ~ 4	Address	ARASSEE, F		
Enclosed is a check for the following amount: [] \$25.00 Filing Fee			DOCA (City/State and 7 in Code	7707		
Enclosed is a check for the following amount: [] \$25.00 Filing Fee			7 AX - S	ERLUTIONS BEE	(South Liet N		
Enclosed is a check for the following amount: [] \$25.00 Filing Fee			E-mail address: (t	to be used for future annual report notifica	tion)		
Enclosed is a check for the following amount: [] \$25.00 Filing Fee	For fur	her information of	concerning this matter, please c	all:			
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \$\text{Certified Copy (additional copy	17	Name o	KIESLING of Person	at (56) 738-53 Area Code & Daytime 7	7/ Telephone Number		
Certificate of Status Certified Copy Certificate of Status & Certified Copy Certified Copy	Enclose	d is a check for t	he following amount:				
	\$25	.00 Filing Fee	——————————————————————————————————————	Certified Copy	Certificate of Status & Certified Copy		

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

JUSEPH GLENI	COMMODITIE	s LCC
(Name of the Limited Liabilit (A Florida	y Company as it now appears on o Limited Liability Company)	<u>ur records.</u>)
The Articles of Organization for this Limited Liability C Florida document number <u>L10001209</u>		2/10 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Company," th	ne designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	<u></u> .	22 D
(Principal office address MUST BE A STREET ADDI	RESS)	(n) 2 1 1 1 1 1 1 1 1 1
		m × 7
Enter new mailing address, if applicable:		73 32 · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)		264
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		cords, enter the name of the new
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

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 Title <u>Address</u> Type of Action <u>Name</u> ANTHONY PULLENI JASA MANAGEMENT INC. 3808 S, OCEN UBLIND Add

+1 164 LAND BEGIN Rem

FL 33497 ☐ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00