# LUOOOUY49Z

(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
11-4492				
(Document Number)				
Certified Copies Certificates of Status				
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12 MAY -3 AM 9: 43
SECRETARY OF STATE

# **COVER LETTER**

TO: Registration Sec Division of Corp	oorations	,	<i>4</i> ∙
SUBJECT: ZE	In UeStmanner of Limit	ed Liability Company	y Beach
The enclosed Articles of A	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Jason 1	E froh Name of Person	
	JE INUC	Stunch to of L	ORay Beach
	1005 De/La	bour Dr Address	
	DelRay B JEfroni	City/State and Zip Code  O 3 O Y WW.  O be used for fature annual report notification	<u> 20m</u>
For further information co	oncerning this matter, please co	all:	
Sason E	Person	at (S61) 271- (Area Code & Daytime Te	SOSS
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fce, 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



April 19, 2012

JASON EFRON 1005 DEL HABOUR DRIVE DELRAY BEACH, FL 33483

SUBJECT: JE INVESTMENTS OF DELRAY BEACH, LLC

Ref. Number: L11000004492

We have received your document for JE INVESTMENTS OF DELRAY BEACH, 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):

Missing page (1) of the Amendment form.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 712A00012196

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

12 MAY -3 AH 9: 48

JE Investme	nt of DelRay Belaciassee Frorida
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabi Florida document number $\frac{L \prod \infty 000 \text{ L}}{}$	/. / .
This amendment is submitted to amend the followi	ng:
A. If amending name, enter the new name of the	e limited liability company here:
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicabl	e:
(Principal office address MUST BE A STREET A	(DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	$X_{i}$
•	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>enter the name of the new</u> e <u>address here</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
-	City Zin 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:

<u>Name</u>	Address	Type of Action
Marilyn Efron	1005 Del Harbor Dr Delray Beach, FC 3348=	☐ Add Remove
<del> </del>		Add Remove
<del></del>		Add Remove
		Add Remove
		Add Remove
		Add Remove
ing any other information, enter cha	unge(s) here: (Attach additional sheets, if nece.	FILED 12 MAY -3 AM 9: 43 12 MAY -3 AM 9: 43 12 MAY -3 AM 9: 43
		<del></del>
	Marilyn Efron	Marilyn Efron  1005 Del Harbor Dr  Delray Beach, FE 3348

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Filing Fee: \$25.00