

L11000009953

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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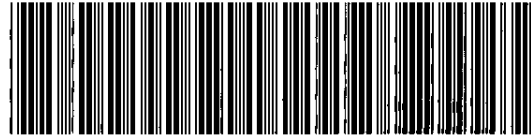
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

MAY 17 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JV2, 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:

Paul Aimis

Name of Person

JV2, LLC

Firm/Company

9639 San Vittore Street

Address

Lake Worth, FL 33467

City/State and Zip Code

paimis80@gmail.com

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Paul Aimis

Name of Person

at (561)

452-0285

Area Code & Daytime Telephone Number

Enclosed is a check for the 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 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**

JV2, 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 January 25, 2011 and assigned
Florida document number L11000009953.

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)

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:

Paul Aimis

New Registered Office Address:

9639 San Vittore St.

Enter Florida street address

Lake Worth

, Florida

33467

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Robert J. Lissau	5356 NW 109th Way Coral Springs, FL 33076-2750	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

SEE ATTACHED LIST OF MEMBERS

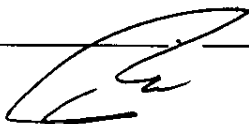
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Dated

5/14/11



Signature of a member or authorized representative of a member

Paul Aimis

Typed or printed name of signee

JV2, LLC Member List

First	Last	SSN/EIN	total # of shares	address 1	city	state	zip
Paul	Aimis	050-34-0060	10,000	9639 San Vittore St.	Lake Worth	FL	33467
Martin	Blank	084-34-4571	10,000	6754 Milani Street	Lake Worth	FL	33467
Josh	Borden	132-62-0590	10,000	5942 Balboa Drive	Oakland	CA	94611
Pamela & Robert J.	Lissau	295-54-2613 Pam 097-36-6162 Robert	15,000	5356 NW 109th Way	Coral Springs	FL	33076-2750
Benjamin	Nitzberg	081-36-1497	5,000	9572 San Vittore St.	Lake Worth	FL	33467
Jerry	Plansky	091-32-3744	10,000	7867 Willow Spring Dr apt 813	Lake Worth	FL	33467
Richard	Scherer	126-34-1459	10,000	9535 San Vittore St.	Lake Worth	FL	33467
Shara	Wightman	112-50-5893	20,000	6 Ligitino Lane	New Paltz	NY	12561
			90,000				

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