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## **COVER LETTER**

Division of Co					
SUBJECT:	JA	CHRI, LLC			
Sobole 1.		ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		Brandon M. Daniels			
	<del></del>	Name of Person			
	The Daniels Law Firm				
		Firm/Company			
	160	05 Main Street, Ste 600	<u></u>		
		Address			
		Sarasota, FL 34236			
		City/State and Zip Code			
	E-mail address: (	info@danielslaw.org to be used for future annual report notific	eation)		
For further information	concerning this matter, please of	call:			
Brar	ndon M. Daniels		932-8007		
Name	of Person	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)		
Regis	LING ADDRESS:	STREET/COURIE Registration Section	ı		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	JACHRI, LLC		
(Name of the Limited I	Liability Company as it now appears ( Florida Limited Liability Company)	on our records.)	
(	tionaa Ziimisa Ziasiiriy Company)		
The Articles of Organization for this Limited Lia	bility Company were filed on	1/31/2011	and assigned
Florida document number L11000012	788		
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability company here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company	," the designation "L	LC" or the abbreviation
5.2.0.			
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
		<del></del>	
Enter new mailing address, if applicable:			· · · · · · ·
(Mailing address MAY BE A POST OFFICE B	<u></u>		
	and the second s		
B. If amending the registered agent and/or registered agent and/or the new registered offi		r records, <u>enter t</u>	he name of the new
registered agent and/or the new registered on	ice address nere.		
Name of New Registered Agent:	Brandon M. Daniels		<b>% 7</b> 3
Name of New Registered Agent.		100 S	
New Registered Office Address:	1605 Main Street, Ste 600	Florida street add	
	Enter	rioriaa sireet aga אין רוי	*
	Sarasota	, Florida 🛗	31236
	City	•	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			म <b>६</b> ०
		· • • • • • • • • • • • • • • • • • • •	

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

Page 1 of 2

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Brandon M. Daniels	1605 Main Street, Ste 600 Sarasota, FL 34236	
	· 		Add Remove
			Add Remove
D. If amendi	ng any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	_
		·	<u> </u>
			<del>-</del> -
Dated	April 11 , 20		
		or authorized representative of a member  Courtney Noel	
-	Typed	or printed name of signee	<del></del>

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Filing Fee: \$25.00