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SECRETARY OF STATE

J. SAULSBERRY EXAMINER

APR 25 2011

COVER LETTER

Division of Corporations	
SUBJECT: JNM /NVBSTMENTS 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:	
JAMES N. MOUHOURTIS	
Firm/Company	
2680 Country SIDE DR.	
Chy/State and Zip Code	
Imou Hourtis @ GMAIL. COM E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	* 1
VAMES MOUHOURTIS at (904) 338-3995 ST	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status S55.00 Filing Fee Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)	

TO:

Registration Section

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

JNM INVESTR	MENTS	LLC	
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now ap ited Liability Compar	pears on our records 1y)	
The Articles of Organization for this Limited Liability Complete Florida document numberL_IIOOOO259	pany were filed on	3/02/11	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company	<u>here</u> :	
·			
The new name must be distinguishable and end with the words "L.L.C."	*Limited Liability Co	mpany," the designati	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:	450	SANSOM	E 5t:
(Principal office address MUST BE A STREET ADDRES	S) PRIVATIB	MUGSTME	IE St.
	SAN F	RANCISCO	, CA 94111
Enter new mailing address, if applicable:			2011 N
(Mailing address MAY BE A POST OFFICE BOX)			AHARA PR
			22 F
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address o s here:	on our records, <u>en</u>	ter the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida stree	t 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 Name Type of Action **Address** MGR JAMES N. Moutourtis Pres. **X** Remove Pensco Trust Co., Custodian MEMBER FRO/JAMES N. MOUHOURTIS IRA Add ☐ Remove MANAGER JAMES N. MOUHOURTIS Add 🗹 Remove Add Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ADD Dated APRIL Wou Hour TIS
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00