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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H110000718183)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : KOEPPEL LAW GROUP, P.A.

Account Number: 120070000064

Phone

: (561)659-6455

Fax Number : (561)659-7006

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JANHIL HOLDINGS, LLC

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Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	JANHIL I	HOLDINGS, LLC		
(Ni	me of the Limited Liability C (A Florida Lir	ompany as it now appointed Liability Company	ears on our records.)	
The Articles of Organization	for this Limited Liability Cor	npany were filed on	March 15, 2011	and assigned
Florida document number	L11000031777	ı		
This amendment is submitted	to amend the following:			
A. If amending name, enter	the new name of the limite	d liability company h	ere:	
The new name must be distingu	ishable and end with the words	"Limited Liability Com	pany," the designation "LI	.C" or the abbreviation
Enter new principal offices	address, if applicable:			
(Principal office address ML	<u>IST BE A STREET ADDRE</u>	<u></u>		
Enter new mailing address,	if applicable:			
(Mailing address MAY BE A	POST OFFICE BOX)			
B. If amending the regist registered agent and/or the			our records, enter th	e name of the new
Name of New Regis	tered Agent:			
New Registered Off	ice Address:			
		1	Inter Florida street addre	255
		City	, Florida	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

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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	Address	Type of Action
MGRM	Hilton Becker	670 Glades Road, Suite 220 Boca Raton, FL 33486	Add Remove
MGR	Mervyn Becker	2601 N. Ocean Blvd, #B Boca Reton, Fl. 33431	✓ Add ☐ Remove
Amazinia da esta esta esta esta esta esta esta est			Add Remove
	 		Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, e	enter change(s) here: (Attach additional sheets, if necessary,)
			<u> </u>
Dated	March 18		
	Signature	of a member or authorized representative of a member	
		Joel P. Koeppel Typed or printed name of signee	

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Filing Fee: \$25.00