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EXAMINER



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INOVIO PH 3: 09
SECRETARY OF STATE

COVER LETTER

Division of Con					
SUBJECT:	J-N-J Ext	reme Clean LLC	,		
	Name of Limi	ted Liability Company			
a financial gamania	G. Jour				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		John J Janick MD			
		Name of Person			
		,			
•	J-N-J Extreme Clean LLC				
	-	Firm/Company			
	4 4 69 Crews Court				
		Address			
	Po	ort Charlotte, FL 33952			
		City/State and Zip Code			
April 10 September 1	<u>m</u> j	ngle@janickmed.com to be used for future annual report notifical	, 		
	E-mail address: (to be used for future annual report notifical	tion)		
For further information of	concerning this matter, please c	all:			
		7/	20.0057		
	oxanna Ingle	at (86-6257		
Name o	of Person	Area Code & Daytime T	elephone Number		
Enclosed is a check for t	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

J-N-J E	<u>xtreme Clean LLC</u>			
(Name of the Limited Liability (A Florida)	y <u>Company as it now appea</u> Limited Liability Company)	irs on our records.)	,	
The Articles of Organization for this Limited Liability C Florida document numberL11000032408		March 16,2011	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company he	ere:		
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Comp	pany," the designation "LI	.C" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD)	RESS)			
		Ä	<u> </u>	
		L A	; }	
Enter new mailing address, if applicable:	<u></u>	AS		
(Mailing address MAY BE A POST OFFICE BOX)		En Control	} • •	
		OR.		
B. If amending the registered agent and/or registered agent and/or the new registered office add	tered office address on lress here:	our records, entersif	e name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street 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 <u>Title</u> Type of Action <u>Name</u> **Address** MGRM Jeff Janick 4469 Crews Ct ☐ Add Port Charlotte, Fl. 33952 √ Remove John J Janick MD MGRM 4469 Crews Ct **✓** Add Port Charlotte, FL 33952 Remove ☐ Add Remove Remove \prod Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 28 2011 Dated e of a member or authorized representative of a member

Jeff Janick
Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00