

L11000035291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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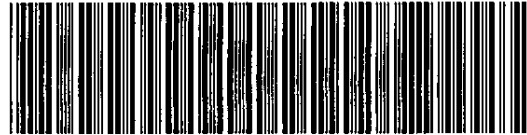
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

JUL 18 2011

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: JJ Fin's of New Smyrna, 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:

Kevin Enderle

Name of Person

JJ Fin's of New Smyrna, LLC

Firm/Company

1889 State Road 44

Address

New Smyrna Beach, FL 32168

City/State and Zip Code

enderle.kevin@gmail.com

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

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JUL 15 PM 1:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Kevin Enderle

Name of Person

at ( 386 )

428-6523

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**

JJ Fin's of New Smyrna, 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 03-23-2011 and assigned  
Florida document number L11000035291.

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)**

1889 STATE ROAD 44

NEW SMYRNA BEACH, FL 32168

**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:

KEVIN ENDERLE

New Registered Office Address:

1889 STATE ROAD 44

*Enter Florida street address*

NEW SMYRNA BEACH

, Florida

32168

*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	LEONARD DEL PERCIO	957 HARBORVIEW NORTH HOLLYWOOD, FL 33019	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	MICHAEL DEL PERCIO	400 DIPLOMAT PARKWAY #710 HALLANDALE, FL 33009	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	ROBERT LOWERY III	1889 SR 44 NEW SMYRNA BEACH, FL 32168	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	PAUL CUCINATTI	31 SURREY ROAD WINCHESTER, MA 01890	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	KEVIN ENDERLE	64022 MACINTOSH ROAD DOVER, FL 33527	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	KEVIN ENDERLE	64022 MACINTOSH ROAD DOVER, FL 33527	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated July 14, 2011

Signature of a member or authorized representative of a member

KEVIN ENDERLE

Typed or printed name of signee