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COVER LETTER

Division of Corpo	rations		
SUBJECT: JU	Name of Limite	WORKS LL	<u>C</u>
The enclosed Articles of Ar	nendment and fee(s) are subm	nitted for filing.	
Please return all correspond	ence concerning this matter to	o the following:	
	VINCENT	V-LETCHER Name of Person	
	Juno B	Name of Person OAT WORKS Firm/Company	
	543 BA	y Colony DR.	
	JUND	BEACH FL 33 City/State and Zip Code	408
VIX	ICEFLETCHER IC E-mail address: (to	be used for future annual report notification	-
For further information con-	cerning this matter, please cal	h:	
VINCENT FL Name of P	ETCHER	at <u>(AIO)</u> <u>909-576</u> Area Code & Daytime Tele	ephone 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

MAILING ADDRESS:

TO:

Registration Section

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

STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2013 OCT 31 AM 10: 46

SHAPPING OF STATE

Juna Boa (Name of the Limited)	- T WURIC d Liability Compa A Florida Limited I	S LLC ny as it now appears on ou Liability Company)		的主,FLOREA ———
The Articles of Organization for this Limited I. Florida document number \(\begin{align*} \begin{align*} \left(\dots \) \(\		were filed on5/16	.//	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, <u>enter the new name (</u>	of the limited liab	oility company here:		
The new name must be distinguishable and end w "L.L.C."	ith the words "Limi	ited Liability Company," the	e designation "LI	C" or the abbreviation
Enter new principal offices address, if appli	cable:	543 BAYC	OLONY) R
(Principal office address MUST BE A STRE	ET ADDRESS)	JUNO BEAG	HFL 3	3408
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and registered agent and/or the new registered of			eords, <u>enter th</u>	e name of the new
Name of New Registered Agent:	VINCEN	T FLETCHE	e	
New Registered Office Address:	543 BA	AY COLONY DE Enter Flor	?	
	Juna	BEACH	rıaa street addr . Florida _	288 33408
		City	<u></u>	Zin Coda

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>	Address	Type of Action
MGR	WAYNE FLETCHER	JUNOBEACHFL 33408	Add
		JUNOBEACHFL 33408	Remove
MGR	VINCENT FLETCHER	543 BAY GOLDUY DE JUND BEACH FL 33408	Add Remove
			Add
			Remove
			Add
			Remove
			Add
		······································	Remove
			Add
			Remove

	<u> </u>
10/28	
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00