L11000068407

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COVER LETTER

Division of Co	rporations		
JC SUBJECT:	ON ALEXANDER GROU	P, LLC	
	Name of Limite	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all corresp	ondence concerning this matter t	o the following:	
	JONATHAN A. ALEX	ANDER	
	•	Name of Person	
	JON ALEXANDER G	ROUP, LLC	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	9624 VINEYARD CO	URT	
		Address	
	BOCA RATON, FL 33	3428	
	J.ALEXANDER0513	City/State and Zip Code COMCAST.NET	
	E-mail address: (to	be used for future annual report notificat	ion)
For further information	concerning this matter, please ca	dl:	() X (0, -1
SARA AJON-RAMIREZ 561 459-6394		IL SECOND	
Name of Person at (Area Code & Daytime To	elephone Number
Enclosed is a check for	the following amount:		FLOR
■ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

JON ALEXANDER GROUP, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our reco Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company L11000068407 Florida document number	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
JONATHAN A. ALEXANDER, LLC		
The new name must be distinguishable and end with the words "Limit" L.L.C."	ited Liability Company," the design	nation "LLC" or the abbreviat
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS)		13 AE
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>		JUL I MIII: 00
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:		enter the name of the i
New Registered Office Address:	Enter Florida st	reet address
	, Flo	rida
	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>	Address	Type of Action
	· · · · · · · · · · · · · · · · · · ·		Add
			Remove
			Add
			Remove
			_
		SECRETARY OF STATE	Add
		LAHAS	Remove
		SET O	= - = m
		LORIDA	Add
			Remove
			_
			Add
			Remove
			-
			Add
			Remove
			_

EVERYTHI	NG ELSE REMA	INS THE SA	ME. THANK	(YOU. 	
			<u> </u>		
	bu	athan	teracah	L.	
	Signature of	a member of au	thorized represen	ntative of a member	

Filing Fee: \$25.00

13 JUL 11 MII: 86
SECRETARY OF STATE
TALLAHASSEE, FLORIDA