

L110000094947

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(Address)

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(City/State/Zip/Phone #)

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2011 OCT -7 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

OCT 10 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Jaden II 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:

Lyn Maldonado
Name of Person

Jaden II LLC
Firm/Company

50 Biscayne BLV #4501
Address

Miami FL 33132
City/State and Zip Code

Bodyminute2@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lyn Maldonado at (305) 7766275
Name of Person 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**

FILED

2011 OCT -7 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Jaden II 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 Florida 8/10/11 and assigned
Florida document number L11000094947.

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:

3133 Commodore Plaza

(Principal office address MUST BE A STREET ADDRESS)

Coconut Grove FL 33133

Enter new mailing address, if applicable:

3133 Commodore Plaza

(Mailing address MAY BE A POST OFFICE BOX)

Coconut Grove FL 33133

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:

Lyn Maldonado

New Registered Office Address:

3133 Commodore Plaza

Enter Florida street address

Coconut Grove

Florida

33133

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.

Lyn Maldonado
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	Cache II LLC.	3133 Commodore Plaza	<input checked="" type="checkbox"/> Add
		Coconut Grove FL 33133	<input type="checkbox"/> Remove
MGRM	Lyn Maldonado	3133 Comodore Plaza	<input checked="" type="checkbox"/> Add
		Coconut Grove FL 33133	<input type="checkbox"/> Remove
MGRM	3PI	50 Biscayne BLVD #4501	<input type="checkbox"/> Add
		Miami FL 33132	<input checked="" type="checkbox"/> Remove
MGRM	Cache LLC.	325 Madeira Av.	<input type="checkbox"/> Add
		Miami FL 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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2011 OCT -7 AM 11:41
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Dated October 4, 2011

Lyn Maldonado
Signature of a member or authorized representative of a member
Lyn Maldonado
Typed or printed name of signee