## L12000025690

(Re	equestor's Name)			
(Ad	ddress)			
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(Ci	ity/State/Zip/Phone i	#)		
PICK-UP	☐ WAIT	MAIL		
(Во	usiness Entity Name	<del>)</del>		
(Document Number)				
Certified Copies	Certificates o	of Status		
Special Instructions to Filing Officer:				
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EXAMINER



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 30, 2012

MONICA PAZ / JP NORTH LLC 5380 SW 61 AVE DAVIE, FL 33314

SUBJECT: JP NORTH LLC Ref. Number: L12000025690

We have received your document for JP NORTH LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any further questions concerning your document, please call (850) 245-6051.

Letter Number: 112A00026560

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

## **COVER LETTER**

Division of Corporations					
SUBJECT:	JP NORTH LLC				
	Name of Limi	ited Liability Company			
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
	MONICA PAZ				
Name of Person					
JP NORTH LLC					
Firm/Company					
	5380 SW 61 AVE				
		Address	<del></del>		
	DAVIE, FL 33314				
	City/State and Zip Code				
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
M	ONICA PAZ	at (_954_)	306-3589		
Name o	Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for the	he following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

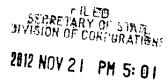
TO:

Registration Section

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



JP NORT (Name of the Limited Liability Compan (A Florida Limited L	TH LLC  y as it now appears on our identified to the company)	records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL12000025690	were filed on FEBRUAF	RY 22, 2012 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:		
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the d	esignation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	5380 SW 61 AVE		
(Principal office address MUST BE A STREET ADDRESS)	DAVIE FL 33314		
Enter new mailing address, if applicable:	5380 SW 61 AVE DAVIE FL 33314		
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address here	fice address on our reco	ds, enter the name of the new	
Name of New Registered Agent:		<u>.</u>	
New Registered Office Address:	Enter Floria	da street address	
<del></del>	City	Florida 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 **Type of Action** <u>Title</u> Address <u>Name</u> MGRM JOHN PAZ 2991 SAINT CLAIR STREET KISSIMMEE, FL 34746 ✓ Remove Remove Remove Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) OCTOBER 10 2012 \_\_\_\_ Dated Ignature of a member or authorized representative of a member **MONICA PAZ** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00