## L12 0000 54747

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## **COVER LETTER**

	Registration Sec Division of Corp			•	
SUBJEC	Janoura Part	tners LLC			
SUBJEC					
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please ret	turn all correspon	ndence concerning this matter	to the following:		
		Michael Janoura			
		-	Name of Person		
		Janoura Partners LLC			
			Firm/Company		
		2924 Davie Road, Suite 20	)2		
			Address		
		Davie, FL 33314			
			City/State and Zip Code		
		management@janourarealty			
		E-mail address: (	to be used for future annual report notif	ication)	
For furthe	er information co	oncerning this matter, please c	all:	7. m 2	
Michael .	Janoura		954 721-9190 at ()		ı
_	Name of	Person	Area Code Daytime	Telephone Number	-
Enclosed	is a check for th	e following amount:		52 2	تخر
\$25.0	0 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)	

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

Janoura Partners 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 April 23, 2012 \_\_\_\_ and assigned Florida document number \_\_\_\_\_\_L12000054747 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 contain 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) 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: New Registered Office Address: Enter Florida street address Florida 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 aim familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, 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

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	<b>Type of Action</b>
MGR	Michael Janoura	2924 Davie Road, Suite 202	
		Davie, FL 33314	□ Remove
			E Change
<u>D</u>	Anna Janoura	2924 Davie Road, Suite 202	
		Davie, FL 33314	<b>■</b> Remove
		•	Change
D	Christina Janoura	2924 Davie Road, Suite 202	
		Davie, FL 33314	■ Remove
			Change
			□ Add
			Remove
			Change
			Remove 1
			Change
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		-	Remove
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					<b>.</b>	
Effective date, if other than the da (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	does not meet the	applicable statutory	g or more than 90 days	optional) after filing.) Pursi , this date will n	uant to 605.0 tot be listed	)207 (3) d as the
the record specifies a delayed e ) The 90th day after the record	ffective date, b I is filed.	ut not an effect	ive time, at 12:0	01 a.m. on th	ne <b>earl</b> ier	r of:
Dated August 30	2016	<u></u> .				
Sig	nature of a member	or authorized represer	ntative of a member			

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Filing Fee: \$25.00