

L12 000060935

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14 MAY 12 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAY 20 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JI Data, 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:

Traci Levin
Name of Person
JI Data, LLC
Firm/Company
8100 Lake Worth Road
Address
Lake Worth, FL 33467
City/State and Zip Code
levintraci@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Traci Levin at 407 595-9551
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**

JJ Data, 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 05/07/2012 and assigned Florida document number L12000060935

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NA -

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:

(Principal office address MUST BE A STREET ADDRESS)

NA -

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

NA -

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:

NA -

Enter Florida street address

, Florida

City

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 MAY 12 AM 11:25

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 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 company has been notified in writing of this change.

NA -

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Alfred C Levin	8100 Lake Worth Road	<input type="checkbox"/> Add
	* please change to MGMR	Lake Worth, FL 33467	<input type="checkbox"/> Remove
MGR	Traci Levin	8100 Lake Worth Road	<input type="checkbox"/> Add
	* please change to MGMR	Lake Worth, FL 33467	<input type="checkbox"/> Remove
MGMR	Justin W. Levin	8100 Lake Worth Road	<input type="checkbox"/> Add
		Lake Worth, FL 33467	<input checked="" type="checkbox"/> Remove
MGMR	Daniel M. Levin	8100 Lake Worth Road	<input type="checkbox"/> Add
		Lake Worth, FL 33467	<input checked="" type="checkbox"/> Remove
MGMR	Ariel L. Levin	8100 Lake Worth Road	<input type="checkbox"/> Add
		Lake Worth, FL 33467	<input checked="" type="checkbox"/> Remove
MGMR	Jacob Levin	8100 Lake Worth Road	<input type="checkbox"/> Add
		Lake Worth, FL 33467	<input checked="" type="checkbox"/> Remove

14 MAY 1 00 AM '06
TALLAHASSEE, FLORIDA

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

NA-

E. Effective date, if other than the date of filing: May 15, 2014 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated May 8, 2014

Traci Levin

Signature of a member or authorized representative of a member

Traci Levin

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
14 MAY 12 AM 10:26
DEPT. OF STATE
TALLAHASSEE, FLORIDA