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2012 AUG -2 PH 12: 57

SECRETARY OF STANS

J. BRYAN

AUG -3 2012

EXAMINER

COVER LETTER

TO:	Registration Secti Division of Corpo		.*	*	
SUBJE	CT:	JAR	CO1, LLC		
	-	Name of Limit	ed Liability Company		•
ara i					THE TOTAL TOTAL
The encl	losed Articles of Ar	nendment and fee(s) are sub-	mitted for filing.		題のア
Please re	eturn all correspond	ence concerning this matter	to the following:		FILED PHO: 57
			Eileen Cioe		6 4 5.
Name of Person					
	JARCO1, LLC				
	Firm/Company			_	
1149 Hillsboro Mile - No. 312N Address					_
		Hilleh	oro Beach, FL 333062	2	
	City/State and Zip Code				_
	excioe@metlife.com E-mail address: (to be used for future annual report notification)				
		E-mail address: (to	be used for future annual report i	notification)	•
For furth	her information con	cerning this matter, please ca	all:		
		een Cioe	at (<u>954</u>)	871.5515	
	Name of P	erson	Area Code & Da	ytime Telephone Numb	er
Enclose	d is a check for the	following amount:			
\$25.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificosed) Certific	iling Fee, cate of Status & ed Copy onal 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 ARTICLES OF ORGANIZATION **OF**

THE PARS JARCO1, 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 Co	mpany were filed on	June 20, 2012	and assigned
Florida document number L12000081565			·
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company h	ere:	
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Com	pany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRI	E CC1		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			-
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		our records, enter the	he name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	E	Inter Florida street addi	ress
		. 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 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.

City

Zip Code

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 **Title** <u>Name</u> **Address Type of Action** Eileen Cioe MGRM 1149 Hillsboro Mile - No. 312N ✓ Add
☐ Remove Hillsboro Beach, FL 33062 Add Remove ☐ Add ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) EIN No. 45-5527480 July 30 Dated ___ Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00

Eileen Cioe
Typed or printed name of signee