L12000097042

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N. Culligan SEP 1 3 2012

COVER LETTER

TO:

то:'	Registration S Division of Co					
SUBJE						
		Name of Limi	ted Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
			Yathelier Jaen Name of Person			
			JU ENTERPRISE LL	<u> </u>		
			Brickell Key Dr # 17	19		
			Address			
			Miami/Florida 33131 City/State and Zip Code			
		ya E-mail address: (the273@hotmail.com	ort notification)		
For fur	ther information	concerning this matter, please of	·	,		
		athelier Jaen of Person	at (305) Area Code &	389-3819 Daytime Telephone Number		
Enclose	ed is a check for t	he following amount:				
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Regist Divisi P.O. B	ING ADDRESS: ration Section on of Corporations tox 6327 assee, FL 32314	Registration Division of Clifton Bui	Corporations		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

12 SEP 13 PM 2: 36

Y	AJU ENTERPRISE LLC	1 2 1 1 1 1 1 1 1	TARY OF STATE IASSEE, FLORIDA		
(Name of the Limited (A	Liability Company as it now appear Florida Limited Liability Company)	s on our records.)	MOOLE, I LUMINA		
The Articles of Organization for this Limited Li Florida document numberL12000097	· · ·	7-27-2012	and assigned		
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liability company her	<u>e</u> :			
	Yathelier Jaen LLC				
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Compa	ny," the designation "L	LC" or the abbreviation		
Enter new principal offices address, if applica	able:	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
(Principal office address MUST BE A STREE	T ADDRESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE	<u></u>				
B. If amending the registered agent and/or the new registered of		our records, <u>enter t</u>	he name of the new		
Name of New Registered Agent:	ame of New Registered Agent: Yathelier Jaen				
New Registered Office Address:	540 Brickell Key Dr # 1719				
	Enter Florida street address				
	Miami	, Florida	33131		
	City		Zip Code		
New Degistered Agent's Signature, if changing D	Pagietarad Aganti				

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	JulioA Blanco	540 Brickell Key Dr # 1719 Miami, Florida, 33131	Add ✓ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter change	(s) here: (Attach additional sheets, if necessary	_ C6
			— 86 —
Dated	09-07 , 20	af D	
		or authorized representative of a member	
		/athelier Jaen or printed name of signee	
	Typeu (or bringer name or signee	

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Filing Fee: \$25.00