L12000113214

(Requestor's Name)							
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SECRETARY OF STATE
TAILAHASSEE, FLORIDA

APPROVEU AND FILED



COVER LETTER

Division of Co	orporations				
SUBJECT:	Jon	eleen LLC			
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.			
Please return all corresp	oondence concerning this matter	to the following:			
	.				
		12 OCT			
)CT	3		
	jo	neleen@hotmail.com		−8 ARY ASSE	三字
	E-mail address: (to be used for future annual report notific	cation) mil	1-8 PH	
For further information	concerning this matter, please of	call:	= C = C = C = C = C = C = C = C = C = C	<u> </u>	
Г	Doreen Scott	at (727)	505-9658 E	10	
Name of Person		Area Code & Daytime			
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 enclo	sed)	

Registration Section

TO:

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

	Jonel	leen LLC			
(<u>Name of the Limit</u>	ed Liability Con (A Florida Limite	npany as it now appear ed Liability Company)	rs on our records.		
The Articles of Organization for this Limited	any were filed on	9/4/2012	and assigne	d	
Florida document numberL120001	13214				
This amendment is submitted to amend the fo	ollowing:				
A. If amending name, enter the new name	of the limited l	liability company her	<u>re</u> :		
	r	N/A			
The new name must be distinguishable and end "L.L.C."	with the words "L	Limited Liability Compa	iny," the designation "l	LLC" or the abbre	viation
Enter new principal offices address, if app	N/A			<u>•</u>	
(Principal office address MUST BE A STRI	2				
					- 4
				ARY SSE	
Enter new mailing address, if applicable:	N/A		्राञ्च उ		
(Mailing address MAY BE A POST OFFIC				· -	
					5
B. If amending the registered agent an registered agent and/or the new registered			our records, <u>enter (</u>	the name of th	<u>e new</u>
Name of New Registered Agent:	N/A				
New Registered Office Address:	N/A				
		Enter Florida street address			
		, Florida			
		City		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 Title Name **Address** Type of Action AMGR Mika Caruana 9009 Northcliffe Blvd ☐ Add Spring Hill, FL 34606 ✓ Remove MGRM Doreen Scott 2107 Hammock Pk Ct. ✓ Add Trinity, FL 34655 Remove ☐ Add ☐ Remove ∏ Add Remove \square Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Please change Joby Thomas' title from PMGR to MGRM Oct. 8 2012 Dated ____ Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25:00

Doreen M. Scott
Typed or printed name of signee