$\underline{1200}$	15456
(Requestor's Name) (Address) (Address)	500240569185
(City/State/Zip/Phone #)	500240569185 10/12/1201017019 ***25.00
Certified Copies Certificates of Status	ICTILED 12 OCT 12 PH 4: 31 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Office Use Only G. MCLEOD OCT 1 5 2012 EXAMINER	

ARTICLES OF AMENDMEN TO ARTICLES OF ORGANIZATI OF	· ·
TUNE INNOVATIONS LL (Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	() (s on our records.)
The Articles of Organization for this Limited Liability Company were filed on <u>Sec</u> Florida document number <u>L12000115456</u> .	pt. 7, 2012 and assigned
This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liability company her</u> Juno Innovations, LLC	<u>.e</u> :
The new name must be distinguishable and end with the words "Limited Liability Compa "L.L.C."	any," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	SSE 12
(Mailing address MAY BE A POST OFFICE BOX)	

B. If amending the registered agent and/or registered office address on our records, <u>enter[>] the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, City	Florida 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

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COVER LETTER

Registration Section TO: **Division of Corporations**

Innovations, LLC 00 ار SUBJECT:

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:

Kobert Klement Firm/Company Address UN Beach, FL 33408 City/State and Zip Code E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Klement

at (<u>431)</u> <u>678-</u> <u>8915</u> 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) 7\$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

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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
			Add Remove
			Add Remove
			Add
			Add Remove
.			Add Remove
<u> </u>			Add Rcmove
D. If smendi	ng any other information, enter changed	is) here: (Anoch additional sheets, if nacessary.)	

Dated X Robert Klynest Signature of a chember of authorized representative of a meruher X Robert Klenest iyped or printed name of signee

Page Z of 2

Filing Fee: \$25.00