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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Do	cument Number)	
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COVER LETTER

TQ: Registration S Division of Co					
	CAPITAL 26 LLC				
SUBJECT:	Name of Limi	ted Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Yosef Y Kanner				
		Name of Person			
		Firm/Company			
	PO Box 820				
		Address			
	Hallandale FL 33008	3		2113 DEC SLURET TALLAHA	
	y@floridastatetrust.c			- SS = -	
	E-mail address: (1	to be used for future annual report notificat	ion)	Y OF STATE SEE FLORIDA	M
For further information	concerning this matter, please c	all:		3: 3 STATE LORIG	Hammer
Yosef Kanner		717 467-1680		\$ ~ v	
Name (of Person	at () Area Code & Daytime Te	elephone Number	•	
Enclosed is a check for t	the following amount:				
■ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	sed)

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

J & M CAPITAL 26 LLC

(Name of the Limited	d Liability Company as it now A Florida Limited Liability Con	appears on our records.)	
The Articles of Organization for this Limited L L12000138473 Florida document number	iability Company were filed	on	_ and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability compa	iny here:	
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability	Company," the designation "LLG	C" or the abbreviation
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE)	ET ADDRESS)		25 6 F
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE			FORDA 33
B. If amending the registered agent and registered agent and/or the new registered o		ss on our records, <u>enter the</u>	name of the new
Name of New Registered Agent:	0045 Westing to 0		.
New Registered Office Address:	6015 Washington Str		
	l la Donoca a al	Enter Florida street addres	
	Hollywood	, 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 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 <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** Remove Remove Remove Remove Remove

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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ted		
	Ykamer	
	Signature of a member or authorized representative of a member	
	Yosef Kanner	
	Typed or printed name of signee	

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Filing Fee: \$25.00

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