L12000160928





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13 MAY 17 PH 1: 01

SEMPETARY OF STAJES
TARLAHASSEE, FLORIDAN

C. LEWIS

MAY 2 0 2013

EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

_JJ GROUP, LLC

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:

LOUIS A. FIOLA

Name of Person

LJJ GROUP, LLC

Firm/Company

11550 ROYAL TEE CIRCLE

Address

CAPE CORAL, FL 33991

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOUIS A FIOLA

239 410-5325

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

X 3 3 5 5

□\$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 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 TO ARTICLES OF ORGANIZATION OF

FILED 13 MAY 17 PM 1:01

LJJ GROUP, LLC

UP, 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 Compare Florida document number L12000160928	ny were filed on 1/1/13 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lis	ability company here:
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	MA
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/P
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the name of the new
Name of New Registered Agent: New Registered Office Address:	MA
New Registered Office Address.	Enter Florida street address
	, Florida City Zip Code
	City Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>
accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered office	plete performance of my duties, and I am familiar with and s provided for in Chapter 608, F.S. Or, if this document is

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			FILED 13 MAY 17 PM 1: 01					
<u>Title</u>	<u>Name</u>		Address Type of Action					
MGRM	JAMES	CAHALON	Address JAPE CURAL FL 33991 Remove					
			CARE CURAL FL 33991 Remove					
			Add					
		,	Remove					
			Add					
			Remove					
			Add					
			Remove					
			Remove					
			Add					
	- 							
			Remove					

D. If amending any	y other information, enter change(s) here: (Attach additional sheets, if i	necessary	r.)	
		<u> </u>	FILED	
•		13	MAY 17	PM 1: 01
•		SE: TAE	CRETARY LAHASSEE	F STATE , FLORIDA
Dated5/	8 Signature of a member of authorized representative of a member			
LOU	JIS A FIOLA, MANAGING MEMBER Typed or printed name of signee	<u></u>		

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Filing Fee: \$25.00