L13000027447

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SECRETARY OF STATE DIVISION OF COMPONIONS

AUG 1 5 2013 T. HAMPTOM

COVER LETTER

TO: .

Registration Section
Division of Corporations

SUBJECT: Jan N

Jan Marjak Marketing, 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:

Mario Garcia

Name of Person

Firm/Company

11390 NW 45th PL

Address

Sunrise, FL 33323

City/State and Zip Code

usmctrat@yahoo.com

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

For further information concerning this matter, please call:

Mario Garcia

,,_,954_\226-0044

Name of Person

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)

□\$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

Jan Marjak Marketing, LLC			
(Name of the Limited	Liability Company as it n Florida Limited Liability (low appears on our records.) Company)	
The Articles of Organization for this Limited L Florida document number L13000027447		-	and assigned for the property of the property
This amendment is submitted to amend the following	•		THE AHIL: 35
A. If amending name, enter the new name o	the limited liability con	apany here:	: 35 110 110 110 110 110 110 110 110 110 11
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liabi	ility Company," the designation "LLC	
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	TADDRESS)		
Fatau non moding address if applicable			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE			
IMMING UNIVESS WAT BE AT UST OFFICE	<u></u>		
B. If amending the registered agent and/ registered agent and/or the new registered o		dress on our records, enter the	name of the new
Name of New Registered Agent:	Mario Garcia		
New Registered Office Address:	11390 NW 45th F	'L	
		Enter Florida street addre	SS
	Sunrise	, Florida <u>333</u>	23
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Jani B Siwek	11390 NW 45th PL	Add
		Sunrise, FL 33323	Remove
MGRM	Mario Garcia	11390 NW 45th PL	
		Sunrise, FL 33323	Remove
			Add
			DIRESIDA OF CARPE
			PTARY OF CONTROL Adding to
			PRemove
			Add
			Remove
			Add
			Remove

is amending any other information	1, enter change(s) here: (Attach additional sheets, if necessary.)
August 6,	2013
Manic	- Luni
	are of a member or authorized representative of a member
Mario Garcia	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRE LARY OF SIMILIBRE DIVISION OF CORPORATIONS