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2013 APR 23 PH 2: 57

APR 24 2013 D. BRUCE

COVER LETTER

TOį:	Registration Sect Division of Corpo						
SUBJE	CT:	Jolan Name of Limit	ed Liability Company				
		Truste of Euris	company company				
The end	closed Articles of Ar	mendment and fee(s) are subt	nitted for filing.				
Please	return all correspond	lence concerning this matter t	to the following:				
		Nano	Name of Person				
			Name of Person				
			Firm/Company	,			
		5066	Ww 98 way	nadadi kalanga kalan ga kalanga kalan g			
			Springs FL 3307 City State and Zip Code				
		E-mail alldress: (to	YKiels @ AOL. Com The used for future animal report notification)	·	Ä	20:	
For fur	ther information con	cerning this matter, please ca			CLARA TOUT	iii APR	1000
	Name of F	/cra Person	at (<u>954) 349 – 0889</u> Area Code & Daytime Telep	hone Number	IALLAHASSER FLORIDA	23 P	
					FLORIC	4 2: 5	
Enclose	ed is a check for the	following amount:			*>		
Z \$25	.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Stams	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filin Certificate Certified ((additiona	e of Statu Copy		ed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jodanic			
(<u>Name of the Limited Liabili</u> (A Fforida	t <u>y Company as it now appears o</u> Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Florida document number L 130000 2944	*	/2 <i>5/13</i> a	ud assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	пиед набину сотрану веге:		
The new name must be distinguishable and end with the wa"L.L.C."	ords "Limited Liability Company	," the designation "LLC" o	or the abbreviation
Enter new principal offices address, if applicable:	**************************************	N 400 00 00 00 00 00 00 00 00 00 00 00 00	had a substitution of the
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:	1		
(Mailing address MAY BE A POST OFFICE BOX)		F.	2
		TO SEE	P PR
B. If amending the registered agent and/or registered agent and/or the new registered office ad-	stered office address on our dress here:	r records, <u>enter the in</u> ස්ද්ර පුර්	une of the new
Name of New Registered Agent:		(C)	2:57
New Registered Office Address:			
	Enter	: Florida street address	
	<i>(1:4.</i>)	, Florida) Code
	City	2.17) Coae

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Nancy Vera	5066 NW98 Way Com/ Springs, FL 3307	6 Add
			Remove
MGR	Luis Oliva	5066 NW FF Way Coral Springs FL3.	Add
		Coral Springs FL3.	3 076 Remove
-			Add
			Remove
			Add
			Remove
			2018 APR Adden
			PREMISE PREMISE 2: 57
			Add
			Remove

D. If am	rending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
• ``	I would like to change the address of the
	principal Mailing and registeredagent to
	I would like to change the address of the principal Mailing and registered agent to 5066 NW 98Way
	Coral Springs FL 33076
Dated	3/27/13
	See Oli
	Signature of a member or authorized representative of a member
	Luis Oliva
	Typed or printed name of signee

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Filing Fee: \$25.00

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