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ALLAHASSEE, FLORES

## COVER LETTER

TO:	Registrat	ion

Section **Division of Corporations** 

JP Helens L.L.C.

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:



Name of Person

LaBovick Law Group

Firm/Company

5220 Hood Road, Suite 200

Palm Beach Gardens, FL 33418

City/State and Zip Code

jphelens@yahoo.com

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

For further information concerning this matter, please call:

# Warren Peebles

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

The Articles of Organization for this Limited Liability Company were filed on 3/4/2013

Florida document number L13000032586

A Point Limited Liability Company were filed on 3/4/2013

and assigned

A. If alterioling name, enter the new name of the limited habit	ny company nere:		FLOR	# H: 0	
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company,'	the designation	"LUC"	or flie al	bbreviation
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)		·····			
	····				<del></del>
Enter new mailing address, if applicable:					

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

Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	Enter Flo	orida street address
		, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

This amendment is submitted to amend the following:

(Mailing address MAY BE A POST OFFICE BOX)

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 = N	Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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		Jupiter, FL 33458 US	Remove
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March 6	, 2013	
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	gnature of a member or authorized representative of a memb	er
Warren Peeble		
	Typed or printed name of signee	
	Page 3 of 3	
	Filing Fee: \$25.00	, , , , , , , , , , , , , , , , , , ,

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2013 MAR II AM II: OK SECRETARY OF STATE TALLAHASSEE, FLORMA

FILED 203 May 17 Ments 04