## 13000055951

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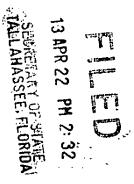
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## **COVER LETTER**

TO: Registration Section
Division of Corporations

🛫 JEN Florida XII, 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:

Kristy Horan

Name of Person

Godbold, Downing & Bill, P.A.

Firm/Company

222 W. Comstock Ave., Suite 101

Address

Winter Park, FL 32789

City/State and Zip Code

khoran@gdb-law.com

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

For further information concerning this matter, please call:

Kristy Horan

<sub>.</sub>407、647-4418

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

JEN Florida XII, LLC

OLIVI IONGO XII, ELO		
(Name of the Limited Liability (A Florida L	Company as it now appears imited Liability Company)	s on our records.)
	<b>A</b>	140,0040
The Articles of Organization for this Limited Liability Co	ompany were filed on Apr	11 16, 2013 and assigned
Florida document number L13000055951		
This amendment is submitted to amend the following:		
		)
A. If amending name, enter the new name of the limit	ted liability company here	
The new name must be distinguishable and end with the word "L.L.C."	Is "Limited Liability Compar	ny," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe	ered office address on o	ur records, enter the name of the new
registered agent and/or the new registered office addre		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Ent	er Florida street address
	City	, Florida Zip Code
Nam Danistanad Assauth Charles 15 to 1 5	•	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent a	and acree to act in this ac	macity. I further agree to comply with
the provisions of all statutes relative to the proper and		

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>	Name	Address	Type of Action
MGR	JEN Partners, LLC	551 Madison Avenue	Add
		New York, NY 10022	Remove
MGR	JEN IV GP, LLC	551 Madison Avenue	Add
		New York, NY 10022	Remove
			Add
			Remove
			Add
			Remove
			Remove
			Remove



. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
ted _	APRIL 17 ,2013.
	Signature of a member or authorized representative of a member
	Kristy Horan
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00