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COVER LETTER

SUBJECT: TWI REALFORD 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: TOSTRIE WICT Name of Person TMT REALFORD LLC Firm/Company 75 Pel: can Pointe Ar #204 Address Delray Beach, Ft 33483 City/State and Zip Code Introstrie will com Email address: (to be used for future annual report notification) For further information concerning this matter, please call: Tan Marie Doublet CPA at (331) 784-8329 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: 5 \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (cadilitional copy is enclosed)	Division of Corpora					
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Tanusz Troszkiewicz Name of Person The Rearry LLC Firm/Company 75 Pelican Pointe Ar. #204 Address City/State and Zip Code Latroszkie wicz Community Email address: (to be used for future annual report notification) For further information concerning this matter, please call: Tan Marie Double CPB at (32) 784-8339 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\frac{1}{2}\$ \$25.00 Filing Fee \$\frac{1}{2}\$\$ \$30.00 Filing Fee & Certificate of Status & Certified Copy (additional copy) is enclosed)	SUBJECT: JMJ	REENENGY	LLC			
Please return all correspondence concerning this matter to the following: Janusz Troszkiewicz Name of Person Jm J Rarrar Gy LLC		Name of Limit	ted Liability Company			
Please return all correspondence concerning this matter to the following: Janusz Troszkiewicz Name of Person Jm J Rarara Gy LLC						
Tanusz Troszkiewicz Name of Person TMJ RERECTY LLC Firm/Company 75 Pel; can Pointe Dr. #204 Address Delray Beach, Fl. 33483 City/State and Zip Code Introszkie wi cz Q cnall com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jan Merie Doubly CPB at 301 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\frac{1}{2}\$	The enclosed Articles of Ame	ndment and fee(s) are subn	nitted for filing.			
Firm/Company 75 Pel; can Pointe Dr. #204 Address Delray Beach, Ft. 33483 City/State and Zip Code Introsztie wi CZ Q cnall. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jan Marie Doubly CPH at (32) 784-8329 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\frac{1}{2}\$\$ \$25.00 Filing Fee \(\frac{1}{2}\$\$\$ \$30.00 Filing Fee \(\frac{1}{2}\$\$\$\$ \$25.00 Filing Fee \(\frac{1}{2}\$\$\$\$\$ \$25.00 Filing Fee \(\frac{1}{2}\$\$\$\$\$\$ \$25.00 Filing Fee \(\frac{1}{2}\$\$\$\$\$\$\$\$ \$25.00 Filing Fee \(\frac{1}{2}\$	Please return all corresponden	ice concerning this matter to	o the following:			
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To Pel; can Pointe Dr. #204 Address Delray Beach Ft 33483 City/State and Zip Code Scrip/State and Zip Code Later Code La	_	Janusz	Troszkiewi Name of Person	<u> </u>		
For further information concerning this matter, please call: Tan Marie Doubly CPA at (301) 784-8309	-	JMJ	REELEN GY LLC			
For further information concerning this matter, please call: Tan Marie Double CPA at (30) 784-8309	-	75 Pel:	can Pointel	<u> 15. 4204</u>		
For further information concerning this matter, please call: Tan Marie Double CPA at (30) 784-8309	- -	Delray B botroszk E-mail address: (1)	each, FC 334d City/State and Zip Code iewicz@cnall. o be used for future annual report notifie	commeation)	2014 DEC 23 SEGRETARY O TALLAHASSEE	7
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Certificate of Status Certified Copy Certificate of Status & Certified Copy Certified Copy	Enclosed is a check for the fo	llowing amount:				
(154 \$25.00 Filing Fee □		Certified Copy	Certificate of Certified Copy	Status & y	

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

JMJ REENERRY L	. L C_	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our record d Liability Company)	<u>(s.</u>)
The Articles of Organization for this Limited Liability Compar	ny were filed on May 17,	and assigned
Florida document number <u>L130000 73626</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
no		
The new name must be distinguishable and end with the words "Limited Li	ability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		<u> </u>
		EC 2
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
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		57
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	
	Enter Florida street addres	S
	, , , , , , , , , , , , , , , , , , , ,	orida Zip Code
	City	Zip 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 605, 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

Page 1 of 3

ETTE ME DAIE 12/31/14

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member Type of Action <u>Address</u> **Title** Name MGRM JML-Holding SPZOU Aleja Niepodiegiosci Add 132/136 app. 81 □ Remove Warsow 02-554 Poland Janusz Troszkiewicz 75 Pelican Pointe Dr # 204 Del cay Black, FL 33 483 BRemove Marzena Dobrzynara 75 Pelican Pointe Dr BAdd MERM Delray Beach, FL 33483 Remove ☐ Remove ☐ Add □ Remove

If ameno	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
The effecti	date, if other than the date of filing: 13 3 3 0 4 (optional) we date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after is document is filed by the Florida Department of State)
Dated	Becember 19 . 2014
	Signature of a member or authorized representative of a member
	Janusz Troszki ewicz

Page 3 of 3

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SEGRETARY OF STATE
TALL AHASSEE F. STATE