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AUG 17 2015 J SHIVERS

## **COVER LETTER**

TO:		ration Sec on of Corp		, ,	
cuni		ESAJ FORT	MYERS LLC		
SUBJ	ECT: _		Name of Lim	nited Liability Company	
The er	nclosed A	rticles of A	mendment and fee(s) are sub	omitted for filing.	
Please	e return al	l correspon	dence concerning this matter	to the following:	
			VIRGINIA D. JOHNSON		
				Name of Person	
			JESAJ FORT MYERS LL	.C	
				Firm/Company	
			20 REWE STREET		
				Address	<del></del>
			BROOKLYN, NY 11211		
				City/State and Zip Code	
			VJOHNSON@MARJAM.0	COM (to be used for future annual report notific	cation)
For fu	ırther info	rmation co	ncerning this matter, please c	·	,
VIRG	INIA D.	JOHNSON		718 388-6465 X10	34
		Name of	Person	at ()at ()	Felephone Number
Enclos	sed is a cl	neck for the	following amount:		
<b>□</b> \$2	25.00 Filii	ng Fec	□ \$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

JESAJ FORT MYERS LLC			
(Name of the Limit	ed Liability Compa (A Florida Limited I	nny as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited L Horida document number L13000090309	iability Company	were filed on 06/24/2013	and assigned
his amendment is submitted to amend the foll	owing:		
If amending name, enter the new name o	f the limited liab	nility company here:	
he new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L,L C."
nter new principal offices address, if applic	able:	885 CONKLIN STREET	
Principal office address MUST BE A STREE	T ADDRESS)	FARMINGDALE, NY 11735	
Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and egistered agent and/or the new registered of Name of New Registered Agent:	ffice address her		enter the name of the
New Registered Office Address:	1900 W. N HA	MPSHIRE ST.	\$58.4 11.9
	ORLANDO	Enter Florida street address	32801
	OKLANDO	, Flor	ida Zio Code and
·		C1.0	S. C.

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

## If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JESAJ WEST PALM BEACH LLC	715 25TH STREET	
		WEST PALM BEACH, FL 33402	■ Remove
		******	□ Change
			□ Add
			□ Remove
			☐ Change
			☐ Remove
			☐ Change
			☐ Remove
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			\[ \text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tett{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tett{\text{\text{\text{\texi}\text{\text{\texi}\text{\text{\text{\titil\titit{\text{\texi}\text{\text{\ti}\tittt{\text{\text{\text{\ti}\tint{\text{\texit{\text{\tii}\text{\texit{\text{\tet
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	ctive date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to a	date of filing or more than 90 days after filing.) Purs	suant to 605	5.0:
	e: If the date inserted in this block does not meet the applicable	e statutory filing requirements, this date will	not be liste	ted
ctive date, if other than the date of filing:				
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