## (Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certificates of Status Certified Copies \_\_\_\_\_ special Instructions to Filing Officer:

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J. SAULSBERRY EXAMINED NOV 6 2013

## **COVER LETTER**

TO: Registration Section
Division of Corporations

 $_{
m SUBJECT}$ . J&F SOLUTIONS, 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:

LEONARDO CONSIGLIERI

Name of Person

J&F SOLUTIONS, LLC

Firm/Company

5770 LAKESIDE DR. 801

Address

MARGATE, FL 33063

City/State and Zip Code

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

For further information concerning this matter, please call:

LEONARDO CONSIGLIERI

, 801 **971-8069** 

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
(Cliffon Building)
[2661 Executive Center Circle)
[Tallahassee] FL 32301

30 S 10 4 4 VIN SI UK

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J&F SOLUTIONS, LLC				
(Name of the Limite	d Liability Compa A Florida Limited	ny as it now appears o Liability Company)	on our records.)	<del></del>
The Articles of Organization for this Limited	3/2013	and assigned		
Florida document number L13000147382				-
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited lial	pility company here:		
N/A				
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Company,	" the designation "LLC	or the abbreviation
Enter new principal offices address, if appli	cable:	N/A	T	
(Principal office address MUST BE A STREET ADDRESS)				7G.
				- Add - Garage - Add - A
				. 7
Enter new mailing address, if applicable:		N/A	· ·	ran .
(Mailing address MAY BE A POST OFFICE BOX)				Tr.
				<u> </u>
			*** ***	5
B. If amending the registered agent and registered agent and/or the new registered of	or registered of office address her	ffice address on our <u>e</u> :	records, enter the	name of the nev
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Enter	Florida street addres	s
			, Florida	
	_	City		Zip Code

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 amending the or Managing M	ne Managers or Managing Members on <u>Member being added or remoyed from o</u>	our records, <u>enter the title, name, and address o</u> our records:	of each Manager
MGR = Mana MGRM = Mar	ger naging Member		
<u>Title</u>	<u>Name</u>	<u>Address</u> <u>T</u>	ype of Action
MGR	JAIME R. CHAHUA	5770 LAKESIDE DR. 801	Add
		MARGATE, FL 33063	Remove
			. Add
			Remove
			Add
		;	. Add
	<u> </u>		Remove
			Se Add
			Remove
			Add

Remove

D. Jf ar	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	N/A
Dated _	October 29th, 2013
	Mal
	Signature of a member or authorized representative of a member
	FLOR DE MARIA CHAHUA
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00