L14000013111

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N. Cuttigan FEB 102004



ACCOUNT NO. : I2000000195

REFERENCE : 995433 7511693

AUTHORIZATION AND BURNES

COST LIMIT (/\\$/ 25.00

ODDED DAME. Delevery 6 0014

ORDER DATE : February 6, 2014

ORDER TIME : 9:23 AM

ORDER NO. : 995433-005

CUSTOMER NO: 7511693

DOMESTIC AMENDMENT FILING

NAME: JRE-CB03, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: New York City Csa General -- EXT#

EXAMINER'S INITIALS:

COVER LETTER

		stration Sect sion of Corpo				
SUBJEC	~ጥ.	JRE-CBO3,				
SUBJEC	-1i <u>.</u>			ted Liability Company		
The encl	osed	Articles of A	nendment and fee(s) are sub	mitted for filing.		
Please re	eturn :	all correspond	lence concerning this matter	to the following:		
			Cathy Newkirk			
				Name of Person		
			TEM, LLC			
Firm/Company						***************************************
	6321 Daniels Parkway Suite 200 Address					
			Fort Myers, Florida 339	912		
				City/State and Zip Cod	e	
			cathy@theriacenterprises	s.com to be used for future annu	al report notification	n)
For furth	er in	formation con	cerning this matter, please ca		•	•
Cathy N	lewk	irk			936-1904 Daytime Tele	
		Name of P	erson	Aren Code	Daytime Tele	phone Number
Enclosed	l is a	check for the	following amount:			
図 \$25.0	0 Fil	ing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee Certified Copy (additional copy		□\$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

FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE TALLAHASSEE, FLORIDA

2014 FEB -7 AH 10: 16

JRE-CB03, LLC

(Name of the Limited Li (A Fl	ability Company as it now appears on orida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabilifold document number L14000013111	lity Company were filed on 01-23-20	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)		
B. If amending the registered agent and/or registered agent and/or the new registered office		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	P , PI	
	Enter Flo	orida street address
_	City	, Florida Zip Code
	•	4

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	James Bunneli	6321 Daniels Parkway Suite 200	Add
		Fort Myers, Florida 33912	Remove
MGR	Brian Fox	6321 Daniels Parkway Suite 200	Add
		Fort Myers, Florida 33912	Remove
			Add
			Remove
			Add
			Add
			Remove
			Add
			Remove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	, t
J J	
	the state of the s
(If an effe	ive date, if other than the date of filing: (optional) ctive date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b)
Dated	2-4, 2014
	W. C.
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Divide E - Losonet Z Typed or printed name of signee
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2014 FEB - 7 AM IO: 16