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AUG 07 2014 S. YOUNG



Amendment to article

SECRETATION OF THE PARTY OF THE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Juno Beach Repairs 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:

Francis Keith Brush

Name of Person

Juno Beach Repairs LLC

Firm/Company

2058 South Suzanne Circle

Address

North Palm Beach, FL 33408

City/State and Zip Code

tristatetx@yahoo.com

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

For further information concerning this matter, please call:

Francis Keith Brush

561,574.7006

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

Juno Beach Repairs LLC	;		
(Name of the Lim	ited Liability Co (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited I Florida document number <u>L14000067433</u>	Liability Comp	any were filed on April 24, 2014	and assigned
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited	liability company here:	
N/A			
The new name must be distinguishable and end with the	e words "Limited	Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
(Principal office address MUST BE A STRE	ET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		N/A	5
(Mailing address MAY BE A POST OFFICE	E BOX)		- 100
B. If amending the registered agent and	l/or registered	d office address on our records, en	iter the name of the new
registered agent and/or the new registered of			
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
	•	Enter Florida street address	
	N/A	, 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 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 ameriding 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 Title <u>Name</u> **Address Type of Action** 2058 South Suzanne Circle Frank Brush **AMBR** North Palm Beach, FL 33408 Remove 2058 South Suzanne Circle _ ■ Add Francis Keith Brush **AMBR** North Palm Beach, FL 33408 Remove ☐ Remove □ Add □ Add ☐ Remove

N/A		
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Page 3 of 3

Filing Fee: \$25.00