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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FELDMAN & ASSOCIATES

Account Number ; I20130000018 Phone : (786)288-5699 Fax Number : (866)856-1462

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: paul@feldmanclosings.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JONATANANZA, LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jonatananza, LLC	
(Name of the Limited Liability) (A Florida Li	Company as it now appears on our records.) Imited Liability Company)
The Articles of Organization for this Limited Liability Com	mpany were filed on07/22/2016 and assigned
Florida document numberL16000137542	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
The new name must be distinguishable and contain the words *Limited	d Liability Company," the designation "LLC" or the abbreviation "L.
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRES	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u>&amp;</u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	red office address on our records, enter the name of the news here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida Ciry Zip Code
New Penistered Agent's Sanature If changing Penistered A.	. nent'

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 Acent

2016-10-11 14:56 Feldman & Associates

8668561462 >>

850-617-6381 P 3/4

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

Title	<u>Name</u>	Address	Type of Action
AMBR	THE KAZABIAN TRUST	48 MARKET ST CANELLA CT	
		STE 421003	<u></u> ▼Remove
		CAMANA BAY, GC KY11-1208 KY OC	Change
MGR	Keren Benshimon	48 MARKET ST CANELLA CT	ÆAdd
		STE 421003	☑Remove
		CAMANA BAY, GC KY11-1208 KY OC	IRemove
	_		No. 10 And
			□Remoæ
			EChange
		<del></del>	@Add
			ERemove
			E Change
			_EAdd
			<u>Æ</u> Remove
			EChange
·-·			_ŒAdd
			_ERemove
			_EChange

Page 3 of 3

Paul Feldman, Esq.
Typed or printed name of signee

Signature of a member or authorized

Filing Fee: \$25,00