## 118000230348

(Re	equestor's Name)	
(Ad	ldress)	-
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





000320745770

12/07/18--01021--016 \*•25.66

79 PEC -1 P 5:30

DEC 1 3 2018

## **COVER LETTER**

JNY Partne				
"I".	ers LLC			
CT:	Name of Lim	ited Liability Company	<del> </del>	
turn all correspo	Isaac Marcushamer	to the following.		
		Name of Person		
	Kaplan Residential LLC			enred
	1111 Kane Concourse, suit	Firm/Company te 302	DEC -1	1 1 
	Bay Harbor Islands	Address	7. D	Ö
	mdib@livekaplan.com	City/State and Zip Code		
er information o		·	fication)	
	silverning this matter, prease ea	305 9012200		
Name of	f Person	Area Code Daytime	e Telephone Number	
l is a check for th	ne following amount:			
00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	osed Articles of a durn all corresponder information of larcushamer	Name of Lim  osed Articles of Amendment and fee(s) are substant all correspondence concerning this matter  Isaac Marcushamer  Kaplan Residential LLC  1111 Kane Concourse, suit  Bay Harbor Islands  mdib@livekaplan.com  E-mail address: ( are information concerning this matter, please collarcushamer  Name of Person  It is a check for the following amount:  00 Filing Fee  \$30.00 Filing Fee &	Name of Limited Liability Company  osed Articles of Amendment and fee(s) are submitted for filing.  turn all correspondence concerning this matter to the following:    Isaac Marcushamer	Name of Limited Liability Company  osed Articles of Amendment and fee(s) are submitted for filing.  turn all correspondence concerning this matter to the following:  Isaac Marcushamer  Name of Person  Kaplan Residential LLC  Firm/Company  1111 Kane Concourse, suite 302  Address  Bay Harbor Islands  City/State and Zip Code  mdib@livekaplan.com  E-mail address: (to be used for future annual report notification)  ser information concerning this matter, please call:  larcushamer  Name of Person  Area Code  Daytime Telephone Number  Lis a check for the following amount:  00 Filing Fee  Certificate of Status  Certified Copy  (certificate of Status & Certified Copy  (certificate of Status & Certified Copy  (certified Copy  (certified Copy  (certified Copy  (certified Copy  (certified Copy  (certified Copy)  (certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 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

JNY Partners LLC	
( <u>Name of the Limited Liability Co</u> (A Florida Limi	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number L18000230348	pany were filed on September 27, 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
he new name must be distinguishable and contain the words "Limited I.	.iability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS	5)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, enter the name of the ne here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin 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 amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Daniel Naim	1111 Kane Concourse, Suite 302 Bay Harbor Islands, FI, 33154	<b>_</b> Add
			Remove
			Change
			Add
			Remove
			□ Change
			□ Add
			Remove:
			GAdd
			υ □ Remove
			Change
			Add
			Remove
			☐ Change
			Add
			□ Remove
			Change

							•	
	<del>-</del>		_					
	<del>_</del>						<del></del>	
								<del></del>
		<del></del>					_	
					-		رت-	
			•				<u>:</u>	
						<u>.                                    </u>	<u> </u>	
						€* ) }€	1	<u> </u>
					_	<u> </u>	Ū	<del>-</del> ブ
						٠.٠١	<del>ن</del> <u>ټ</u>	
Effective date, if other than the defan effective date is listed, the date must Note: If the date inserted in this blood document's effective date on the Department.	e specific and c k does not me	cannot be prior set the applica	able statuto		90 days after		⊊ Pursuant to	
ne record specifies a delayed The 90th day after the reco		ate, but no	t an effec	tive time, a	it 12:01 i	a.m. o	n the e	arlier of
November 28 Dated		2018						
Jaico	·		<del>`_</del>					
				ntative of a me	t			_
<del></del>	inggation of a							

Page 3 of 3

Filing Fee: \$25.00