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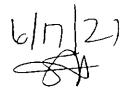
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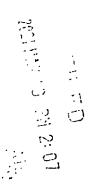




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COVER LETTER

TO: Registration So Division of Cor			
SUBJECT:	J. N. J. FA	mily Trust, ited Liability Company	LLC.
	rathe of Enth	ned Elizability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DJ	Delgaco Name of Person	
	<u>J.</u>	N.J. Family	Trust, CCC
	1114 1	1AYFLOWER D	R
	LAKE	City/State and Zip Code	910
	E-mail address: (1	ELBADO & GMA to be used for future annual port notif	L. COM
For further information c	concerning this matter, please ca	ıll:	
DJ Delco Name	rd O		-8288 e Telephone Number
Enclosed is a check for t	he following amount:		
Z \$25.00 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)
<u>Mailing Addres</u> Registration		Street Address: Registration Sec	etion
Division of C		Division of Cor	
P.O. Box 632	•	The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J. N. J. Famil	y TRUST LLC	<u>~</u>
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L190002851</u> 0	, i	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable:		J 1.1
(Mailing address MAY BE A POST OFFICE BOX)		3. 0
		20
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter th	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	City	Zip Code
Non-Danietonal transferSimutum if shamping Danietonal trans-		

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	A. Veronica Delgad	0 1114 MAYFLOWER DR	- Exadd
	·	LAKELAND, FL 33810	P □ Remove
MGR	VERONICA Delgado	1114 MAYPLOWER DR	□Add
		LAKE LAND, FL 33810	iXRemove
			□ Change
AMBR	Jorge Delgado	114 mayprower Dr	□Add
		LAKELAND, FL 33810	≥ ⊈ Remove
			□Change
MAR	Donge Delgado	1114 MAYFLOWER OR	<u></u> ≪ Add
		LAKELAND, FL 33810	☐ Remove
			□Change
			☐Add \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
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