L0600015513

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO:	Registration Section Division of Corpo			
CHDT	FCT.	John J.	Jordan, LLC	
SUBJ	BC1:		ed Liability Company	
The er	nclosed Articles of Ar	nendment and fee(s) are sub	mitted for filing.	
Please	return all correspond	lence concerning this matter	to the following:	
			John J. Jordan	
			Name of Person	
John J. Jordan, LLC				
Firm/Company				 _
			2465 Begonia Drive	
			Address	
Middleburg, FL 32068				
			City/State and Zip Code	
		johr E-mail address: (to	njjordan@bellsouth.net b be used for future annual report notifica	tion)
For fu	rther information con	cerning this matter, please ca	all:	
		J. Jordan	at (904) 99	93-2690
	Name of P	erson	at (904) 99 Area Code & Daytime T	elephone Number
Enclos	sed is a check for the	following amount:		
\$2	5.00 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

John J. Jor	dan, LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appea liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL06000075513			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company hei	<u>re</u> :	
Crisis Management	Associates, LL	.C	
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Compa	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	2465 Begonia	a Drive	
(Principal office address MUST BE A STREET ADDRESS)	Middleburg, I	FL 32068	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on o	our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			.
New Registered Office Address:			
	En	ter Florida street addi	ress
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Chy	;	TALCO A
I hereby accept the appointment as registered agent and agre the provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	lete performance provided for in Ch	of my duties, and I of hapter 608, F.S. Or, confirm that the lin	n Jami Er with and hThis document is

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			□ Damous
•			
			Add Remove
	- 17-80-		Remove
			= -
			Remove
			Add
. If amend	ling any other information, enter cl	nange(s) here: (Attach additional shee	
_			
ated	25 April 5	2011	
***************************************	Signature of a m	mber or authorized representative of a me	mber
	<i>5</i>	.L	

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Filing Fee: \$25.00