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| (Requestor's Name) | | | | |
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| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
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| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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SECRETARY OF STATE
SECRETARY OF STATE

C. LEWIS

DEC 8 2009

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporati | ons |
|--|---|
| SUBJECT:S | Name of Limited Liability Company |
| The enclosed Articles of Amend | Iment and fee(s) are submitted for filing. |
| Please return all correspondence | e concerning this matter to the following: |
| | Randy Forman Name of Person |
| | SJB INTERMS LLC Firm/Company |
| | 7829 Aberdoen Lakes DRAF |
| | BoynDn Beach, FLA 35472 City/State and Zip Code |
| | E-mail address: (to be used for future annual report notification) |
| For further information concern | ing this matter, please call: |
| Randy fo | at (56) 271 4888 Area Code & Daytime Telephone Number |
| Enclosed is a check for the follo | wing amount: |
| | 30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certificate Opy (additional copy is enclosed) S60.00 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

| F | Ì | L | E | D |
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| | OF | | | au en 52 |
|--|----------------------|--|-------------------|---------------------------------------|
| (Name of the Limited Liab) (A Flori | nTernet | VANTURES | 2089 DEC - | 7 PAIN DE |
| (Name of the Limited Lieb) | ility Company as it | now appears on our | CRETA | RY OF STATE |
| (A Flori | da Limited Liability | Company) | TAPLAHAS | 25011 |
| | | 6150 | 1.26.00 | |
| The Articles of Organization for this Limited Liabilit | y Company were f | filed on $\frac{C}{S}$ | wq | and assigned |
| Florida document number <u>L0900054</u> | 612 | , | | |
| | | | | |
| This amendment is submitted to amend the following | r. 5. | | | |
| | | _ | | |
| A. If amending name, enter the new name of the l | imited liability co | ompany here: | | |
| | | | | |
| The new name must be distinguishable and end with the 'L.L.C." | words "Limited Lia | bility Company," the d | esignation "LLC" | or the abbreviation |
| Enter new principal offices address, if applicable: | | 7829 Aler Boynon B | deen Lak | es DAZVE |
| Principal office address MUST BE A STREET AD | DRESS) | BOUNTON B | each, FL | 9 33472 |
| | | | | |
| | | | | . |
| Enter new mailing address, if applicable: | | | | |
| | | | | |
| Mailing address MAY BE A POST OFFICE BOX) | • | | | |
| | | | | · · · · · · · · · · · · · · · · · · · |
| B. If amending the registered agent and/or re | gistared office o | idroes on our room | rde antor the i | nama of the name |
| cgistered agent and/or the new registered office a | | iuress on our recoi | rus, enter the i | name of the new |
| | | | | |
| Name of New Registered Agent: | Randy | Forman | | |
| | 767 a 6 | 1 10 10 | | |
| New Registered Office Address: | 1824 / | Berdeen Las | O NAIV. | <u> </u> |
| | Λ ± | Enter Florid | ia sireei aaaress | . |
| _ <u>/</u> | Synon L | Forman Berdeen Las Enter Florid Bench | Florida 🔼 | 53472 |
| | City | | Z | ip 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 608, 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 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

| MGKM - MS | anaging wiember | | |
|---------------|---------------------------------------|--|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| MGR | Slegel, Sheri | 7829 Abordan Lates PRI BoynDn Blaury FLA DYD | Add Remove |
| MGRM | Randy Forman | 7829 Aberdeen Lakes De Boynoon Reach, pro 33472 | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| D. If amendin | ng any other information, enter chang | e(s) here: (Attach additional sheets, if necessary.) | <u> </u> |
| | | | _ |
| Dated | 12/1/2009 | | TIL SECRETA |
| | Signature of a member | or authorized representative of a member | SER TO |
| _ | Typed | or printed name of signee | STATE STATE |

Page 2 of 2

Filing Fee: \$25.00