

LO91000059447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

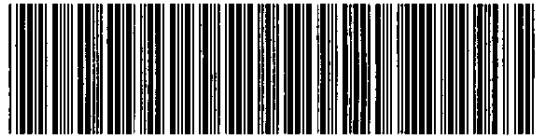
Special Instructions to Filing Officer:

L. SELLERS

JUL 24 2009

EXAMINER

Office Use Only



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07/23/09--01043 -004 **25.00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

09 JUL 23 09 11:40

FILED

Charles A. Sears

Certified Public Accountant

Accounting, Financial and Tax Services

July 16, 2009

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Debecca Investments LLC

Dear Sir or Madame,

Enclosed is my firm's check for \$25.00 and Amended Articles of Organization for the above captioned entity.

Please add new managing member as indicated. Any questions please call me or Ms. Rippy.

Regards,



Charles A. Sears
Certified Public Accountant

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DEBECCA INVESTMENTS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

REBECCA RIPPY
Name of Person

Firm/Company

1217 BEACH BLVD APT 1634
Address

JACKSONVILLE, FL 32246
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

REBECCA RIPPY at (**904**) **210-8990**
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 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**

DEBECCA INVESTMENTS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/18/2009 and assigned Florida document number L09000059447.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street address

Florida

City

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

FILED
09 JUL 23 AM 11:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

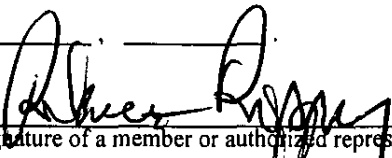
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	DEAN BLANKENSHIP SR.	4094 TIMUQUANA RD JACKSONVILLE, FL 32210	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated 07/16/2009


Signature of a member or authorized representative of a member
REBECCA RIPPY
Typed or printed name of signee

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09 JUL 23 PM 11:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA