109000065894

(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:				
w1-3149 A. LUNT				
FEB - 9 2010				
EXAMINER				

Office Use Only



000166334710

01/19/10--01028---012 **30.00



January 21, 2010

PAMELA BLACO 3924 CLEVELAND ST. HOLLYWOOD, FL 33021

SUBJECT: J A W S CAUSE LLC Ref. Number: W10000003149

We have received your document for J A W S CAUSE LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Letter Number: 910A00001727

Agnes Lunt Regulatory Specialist II

Division of Cornerations - P.O. ROY 6397 Tallahasson, Florida 39314

COVER LETTER

Division of Corpo	rations		
SUBJECT: Efec	<u> </u>	pulto LLC	
·	Name of Limit	ted Liability Company	
The enclosed Articles of Art	nendment and fee(s) are sub	mitted for filing.	2010T TALL
Please return all corresponde	ence concerning this matter	to the following:	圣福 田
			ASS 5
	Vanel	a Slaco	SEE, FLORIE
	.	Name of Person	
, "	3924	Clevelano	St St
		Firm/Company	1
	Holly	wood 71	33021
	0	Address	
		City/State and Zip Code	
	PBlac	o & Comcast	get
	E-mail address: (t	o be used for future annual report notifica	tion)
For further information cond	cerning this matter, please c	all:	
Pamell	Blaco	at (954 383	-1693
Name of Pe	erson	Area Code & Daytime T	elephone Number
Enclosed is a check for the f	following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee &	\$60.00 Filing Fee,
1	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
			(additional copy is enclosed)
MAILING	G ADDRESS:	STREET/COURIE	R ADDRESS:
Registration		Registration Section	

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

TO:

Registration Section

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Calculive Selliers = ==	
(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 <u>07/08/2009</u> and ass	signed
Florida document number <u>L09000065894</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
JAWS Cause LLC	
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: 3924 Cleveland St	•
(Principal office address MUST BE A STREET ADDRESS) Hollywood, 74 33	<u>02/</u>
Acceptable and the second of t	
	- Cd
HAZ E	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	П
gr 👼	
B. If amending the registered agent and/or registered office address on our records, enter the name of	of the new
registered agent and/or the new registered office address here:	
Name of New Registered Agent: Yamela Blaco	
New Registered Office Address: 3924 Cleveland St	
New Registered Office Address.	
Enter Florida street address	,
Hollywood, Florida 330 City Zip Code	ス/
City Zip Code	2

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 = Mai MGRM = M	nager 1anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	PAMEIA BLACO	3924 CLEVELAND ST HOLLYWOOD FL 33021	Add Remove
MGR	BRIAN BARR	6753 THOMASUILLE RO SUITE # 108-306 TALLA HASSEE FL	Add
			Add Remove
			Add Remove
			Addi
			Add T
D. If amend	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessary)	AITT A
			<u> </u>
_			
Dated	AN 25, 10	•	
	t .	or authorized representative of a member	
	PEDRAH	NEIR or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00