## LD9000018602

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## **COVER LETTER**

10.	Division of Corporations	
;	JS Choppers, LLC	
SUBJE	Name of Limited Liability Company	er e e egen
The end	osed Articles of Amendment and fee(s) are submitted for filing.	
Please 1	eturn all correspondence concerning this matter to the following:	
	Michael B. Manes, Esq.	
	Name of Person	
	Michael B. Manes, P.A.	
	Firm/Company	
	950 S. Pine Island Road, A-150	
	Address	
	Plantation, FL 33324	
	City/State and Zip Code	
	michael@maneslawyer.com  E-mail address: (to be used for future annual report notification)	
For fur	her information concerning this matter, please call:	
<del></del>	Michael B. Manes at ( 954 ) 593-2861	<del></del>
•	Name of Person Area Code & Daytime Telephone Number	•
Enclos	d is a check for the following amount:	
	00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)	ite of Status &

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

## JS CHOPPERS, LLC

(Name of the Limite	d Liability Compa	y as it now appears on our reliability Company)	ecords.)			
	A Florida Limited L					
The Articles of Organization for this Limited Liability Company were filed on and assign L09000078602  Florida document number						
This amendment is submitted to amend the fol	llowing:					
A. If amending name, enter the new name	of the limited liab	ility company here:				
The new name must be distinguishable and end w.L.L.C."	vith the words "Limi	ted Liability Company," the de	signation "LLC" or the a	bbreviati		
Enter new principal offices address, if applicable:		6312 Royal Birkdale Court				
Principal office address MUST BE A STREET ADDRESS)		Charlotte, NC 28277				
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	E BOX)					
B. If amending the registered agent and registered agent and/or the new registered of			₹.0 →	f the n		
Name of New Registered Agent:	Michael B. N	flanes, Esq.	2 SEP ECRET LLAHA	-77		
New Registered Office Address:	950 S. Pine	Island Road, Suite A-1 Enter Florida	a street address			
		Plantation City	Florida ( ) 253 R. Zip Code D. H. G	24		
New Registered Agent's Signature, if changing	Registered Agent:		<b>x&gt;</b>			
I hereby accept the appointment as register the provisions of all statutes relative to the accept the obligations of my position as reg being filed to merely reflect a change in the	proper and comp gistered agent as p	lete performance of my dut provided for in Chapter 60	ies, and I am familiar 8, F.S. Or, if this docu	with an ment is		

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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

MGR = N MGRM =	Ianager : Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			<del></del>
			ddd emove
			rd lamaria
			□ □ hmaya
			······
D. If am	ending any other information, e	nter change(s) here: (Attach additional shee	ets, if necessary.)
	-	·	
Dated	September 10	2012	
	Signature	JASON SOMERVIUE TypelBagringonaevillegnee	ember

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Filing Fee: \$25.00