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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan JAN 31 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Jacobs Real Estate Services-Port St. Lucie, 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:

Dale Cuddy
Name of Person

Jacobs Real Estate Services-Port St. Lucie, LLC
Firm/Company

5483 NW St. James Dr.
Address

Port St. Lucie, FL 34983
City/State and Zip Code

realtormelody@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dale Cuddy at (772) 807-1156
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

FILED
12 JAN 30 PM 12: 50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Jacobs Real Estate Services-Port St Lucie, 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 1/28/2010 and assigned Florida document number L1000010579.

This amendment is submitted to amend the following:

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

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:
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:
(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: _____
New Registered Office Address: _____
Enter Florida street address
_____, Florida _____
City Zip 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
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
mgrm	Dale Cuddy	5483 NW St. James Dr. Port St. Lucie, FL 34983	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
mgrm	Melody Jacobs	5483 NW St. James Dr. Port St. Lucie, FL 34983	<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

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

12 JAN 30 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Dated 1/26/12

Dale M Cuddy
Signature of a member or authorized representative of a member

Dale M Cuddy
Typed or printed name of signee