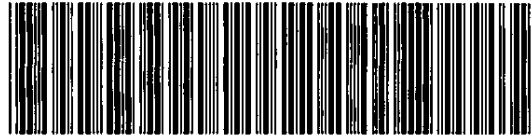


L10000092733



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09/22/10--01007--008 **55.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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D. BRUCE

SEP 24 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JMJ CONSULTING SOLUTIONS, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following: *SPELLING NAME CHANGE & MAILING ADDRESS CHANGE*

JEFF M. JOAQUIN
Name of Person

JMJ CONSULTING SOLUTIONS, LLC
Firm/Company

P.O. BOX 1095
Address

LITMIA, FLORIDA 33547-1095
City/State and Zip Code

JOAQUIN@TAMPABAY.FL.COM
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JEFF M. JOAQUIN at (813) 927-2484
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

JRT CONSULTING SOLUTIONS 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 9/3/2010 and assigned
Florida document number L10000092733

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)

5902 AUDUBON MANOR BLVD.
LITHIA, FLORIDA 33547

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 1095
LITHIA, FLORIDA 33547-1095

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:

Jeff M. JOAQUIN

New Registered Office Address:

Enter Florida street address

Florida

City

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

Signature of Registered Agent

Jeff M. Joaquin

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

Title	Name	Address	Type of Action
MGR	JEFF M. JOAQUIN	5902 AUDUBON MANOR BLVD LITHIA, FLORIDA 33547	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	JEFF M. JOAQUIN	P.O. BOX 1095 LITHIA, FLORIDA 33547	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR MGRM	DENNIS A. JOAQUIN	5902 AUDUBON MANOR BLVD LITHIA, FLORIDA 33547	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	DENNIS A. JOAQUIN	P.O. BOX 1095 LITHIA, FLORIDA 33547	<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

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

PLEASE AMEND THE ELECTRONIC ARTICLES
OF ORGANIZATION FOR FLORIDA LLC
TO REFLECT THE ABOVE CHANGES &
INCLUDE A COPY OF MODIFIED FILING
WITH THE CERTIFIED PACKAGE - THANK YOU

Dated

9/24 2010

Signature of a member or authorized representative of a member

JEFF M. JOAQUIN
Typed or printed name of signer

10 SEP 23 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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