# 110000120269

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**EXAMINER** 

## COVER LETTER 🔈

TO: Registration Section Division of Corporations	
SUBJECT: DAS Application Hold	ings uc
Name of Limited Liabil	ity Company
The enclosed Articles of Amendment and fee(s) are submitted for Please return all correspondence concerning this matter to the fol	·
· · · · · · · · · · · · · · · · · · ·	
Allson M. Ale	SYADOO Decor Person
JAS Holorabys	n/Company
5030 Champa	on Bluo 66-459 Address
BOCA Ruton City/Sta	FL 33496 te and Zip Code
	or future annual report notification)
For further information concerning this matter, please call:	
Allison M. Alexander at	( <u>561) 38 00</u> 87
Name of Ferson	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	DE — A
Certificate of Status Ce	.00 Filing Fee & S60.00 Filing Fee, ertified Copy dditional copy is enclosed)  S60.00 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

JAS Application to lo (Name of the Limited Liability Compani (A Florida Limited Liability)	y as it now appears on our records.)
The Articles of Organization for this Limited Liability Company v	1.
This amendment is submitted to amend the following:	<i>F</i> *
A. If amending name enter the new name of the limited liabil  The new name must be distinguishable and end with the words "Limite"  L.L.C."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	seflyton 11C
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5030 champion Blu0 66-459 BOCA Faton FL 33.496
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here	
Name of New Registered Agent: Allison	M. Alexander  hangion BlvD G6 2459  Enter Florida street address
New Registered Office Address: 5030 (	hangion BIVD G6 = 4509
Boca 1	Enter Florida street address  A den , Florida 33496  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 thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent Signature of New Registered Agent

Page 1 of 2

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MGR = Manager

MGRM = Managing Member

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:

<u>Title</u> **Name Address Type of Action** JOHUA B ALEYANDER MGRM □ Add ☐ Remove ☐ Add Remove ☐ Remove □Add Remove  $\prod$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member ALLISON M ALEXANDER Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 10, 2011

ALLISON M. ALEXANDER JAS HOLDINGS, LLC 5030 CHAMPION BLVD. 66-459 BOCA RATON, FL 33496

SUBJECT: JAS APPLICATION HOLDINGS, LLC

Ref. Number: L10000120269

We have received your document for JAS APPLICATION HOLDINGS, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

#### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P11000075128

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) 245-6028.

Barbara Bostick Regulatory Specialist II

Letter Number: 811A00025593