US 000081078

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(Business Entity Name)						
(Document Number)						
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EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 16, 2009

JULIE GONZALEZ COHEN ESQ. STROCK & COHEN 2900 GLADES CIR STE 750 WESTON, FL 33327 US

SUBJECT: JACOBSON & SCHEEL, LLC

Ref. Number: L08000081078

We have received your document for JACOBSON & SCHEEL, LLC and your check(s) totaling \$25.00. 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. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is P07000105652.

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) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 109A00035621

COVER LETTER

	egistration Section ivision of Corporations
SUBJECT	: Jacobson & Scheel, LLC Name of Limited Liability Company
The enclos	ed Articles of Amendment and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	Julie Gonzalez Conen Esq. Name of Person
	Strackt ConenPA Firm/Company
	2900 Glades Cir Ste 750
· ·	City/State and Zip Code CONEN & Strocklaw.com E-mail address: (to be used for future annual report notification) Continuous concerning this matter, please call:
For further	information concerning this matter, please call:
<u> Ju</u>	Name of Person at (95/12220 × 44#) = Area Code & Daytime Telephone Number
Enclosed is	s a check for the following amount:
\$25.00	Filing Fee \$\ \text{S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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**

	scheel, LLC				
(Name of the Limited I	Liability Company as it now ap Florida Limited Liability Compar	pears on our records.) ly)			
The Articles of Organization for this Limited Liz Florida document number LOS	ibility Company were filed on	8/25/08	and assign	ed	
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liability company	<u>here</u> :			
<u>- 1 2500</u>	D Parkview Dri	ve, #C407	UC		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Co	mpany," the designation "	LLC" or the abbi	eviation	
Enter new principal offices address, if applica	ble:	· · · · · · · · · · · · · · · · · · ·			
(Principal office address MUST BE A STREET	ADDRESS)		74 3		
		, 1°	15 8 N	nanigeta.	
		<u> </u>			
Enter new mailing address, if applicable:			<u> </u>	\$	
(Mailing address MAX BE A POST OFFICE B	<u></u>		<u> </u>	<u> †</u> -4 †	
				*	
				•	
B. If amending the registered agent and/or registered agent and/or the new registered off		n our records, <u>enter</u>	the name of t	ne new	
Name of New Registered Agent:	Strack + Co				
New Registered Office Address:	2900 Glades Cir Ste 750				
Enter Florida street address					
	Westun	, Florida	33327		
	City		Zip Code		
New Registered Agent's Signature, If changing R	egistered 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

Page 1 of 2

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** <u>Name</u> <u>Address</u> Type of Action Carlos Jacobso [] Remove Remove □ Add Remove ☐ Add Remove Remove 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

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00