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B. BOSTICK
OCT 1 3 2011
EXAMINER

## **COVER LETTER** .

TO:	Registration Se Division of Cor		•	
SUBJE	ECT:	J JAMES E	NTERPRISES, LLC	
			ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please	return all correspon	ndence concerning this matte	er to the following:	
			Jeffrey M. Lasman	
			Name of Person	
		asman Law Firm, P.A.		
			Firm/Company	
	,		Address	
			Tampa, FL 33606	
			City/State and Zip Code	
		E-mail address:	jeff@lasmanlaw.com (to be used for future annual report notification)	
For fur	ther information co	oncerning this matter, please	call:	<del>_</del>
	Jeffre	ey M. Lasman	at ( 813 ) 490-9595	11 OCT II EN DE 2
	Name of	Person	Area Code & Daytime Telephone Number	
				To In
Enclose	ed is a check for th	e following amount:		
<b>▼</b> \$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	e of Status & 🚉
MAILING ADDRESS: Registration Section Division of Corporations		ation Section	STREET/COURIER ADDRESS: Registration Section Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J JAMES EN	TERPRISES, LI	_C		_	
( <u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appea ted Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability Comp	oany were filed on	08/07/2001	and	lassigi	ned
Florida document number L01000013260		1			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	liability company he	<u>re</u> :			
JJAMES ENT	ERPRISES I, LLC				
The new name must be distinguishable and end with the words "lu.L.C."	Limited Liability Comp	any," the designation	"LLC" or 1	the abb	reviation
Enter new principal offices address, if applicable:			Ec		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		LA 126	<u>s</u>	es medi
			75. S.		= सः शक्कारणः - । शक्कारणः
			24.7 EV.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Enter new mailing address, if applicable:					- emen û
(Mailing address MAY BE A POST OFFICE BOX)			- PR	<u></u>	
			IDA	<u></u>	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address  Name of New Registered Agent:		our records, <u>ente</u>	the nam	ie of t	the new
Haine of New Registered Agent.					
New Registered Office Address:	ddress				
	. Florida				
	City		Zip C	ode	

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 = Ma MGRM = 1	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			<b></b>
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D. If amen	ding any other information, enter c	hange(s) here: (Attach additional sheets, if necessary.)	
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			STAH
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_			<del></del>
Dated	September 27 ,	<u>2011</u> .	
		O. T. L.	
	Signature of a mo	ember or authorized representative of a member	
		James G. Hatton	
	į	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00