

201000016345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

MAY 19 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J & E, L.L.C.
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:

Eric Olson
Name of Person

Firm/Company

4971 SW Leighton Farms Rd.
Address

Palm City, FL 34990
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Eric Olson at (772) 260-0863
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**

J & E, L.L.C.

(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 9/21/2001 and assigned
Florida document number L01000016345.

This amendment is submitted to amend the following:

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

J & E Development of Martin County, L.L.C.

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)

4971 SW Leighton Farms Rd.

Palm City, FL 34990

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4971 SW Leighton Farms Rd.

Palm City, FL 34990

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:

Eric Olson

New Registered Office Address:

4971 SW Leighton Farms Rd.

Enter Florida street address

Palm City

Florida

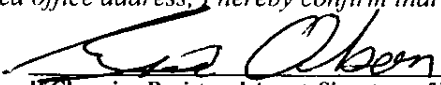
34990

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:

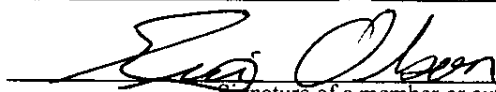
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	John Stiburek	1395 SW 34th Street Palm City, FL 34990	<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Eric Olson	4971 SW Leighton Farms Rd. Palm City, FL 34990	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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TALLAHASSEE, FLORIDA

Dated _____



Signature of a member or authorized representative of a member

Eric Olson

Typed or printed name of signee

May 5th, 2011

Florida Department of State
Div. of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: J & E, LLC
Re-Instatement & Name Change

Dear Sir or Madam:

Per the phone conversation I had on April 25th with someone in your office, I was instructed to follow this procedure. We somehow overlooked the annual report of this corporation and did not have it in force for some time now. As a result someone has sense come along and filed a new entity with the same name. According to your agent I spoke to I need to file the enclosed Reinstatement form with a check in the amount of \$932.50 as well as the enclosed Amendment form changing the name of this entity with a check in the amount of \$25.00. Please process these forms and enclosed and reinstate our Limited Liability Corporation having the Document Number L01000016345. I thank you in advance for your time and cooperation.

Sincerely,

Eric Olson

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TALLAHASSEE, FLORIDA