

L02000004905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

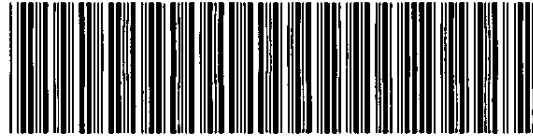
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS

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CT Corporation System

515 E Park Avenue, Tallahassee, FL, 32301 850-222-1092

PARKS JOHNSON AGENCY, L.L.C. L02000004905

1ST CHOICE WELLNESS COORDINATORS, LLC L11000124367

- | | | |
|----------------------------------------------|------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Nonprofit | <input checked="" type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Foreign | <u>Name Change</u> | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Reinstatement | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Annual Report | <input type="checkbox"/> CUS |
| | <input type="checkbox"/> Name Registration | <input type="checkbox"/> After 4:30 |
| | <input type="checkbox"/> Fictitious Name | <input checked="" type="checkbox"/> Pick Up |
| | <input type="checkbox"/> Photocopies | |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | |
| <input type="checkbox"/> Mail Out | | |

Name _____

Availability _____ 11/5/2013

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Examiner _____ **KM**

Updater _____

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Order#: **8946909**

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PARKS JOHNSON AGENCY, 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 February 25, 2002 and assigned Florida document number L02000004905.

This amendment is submitted to amend the following:

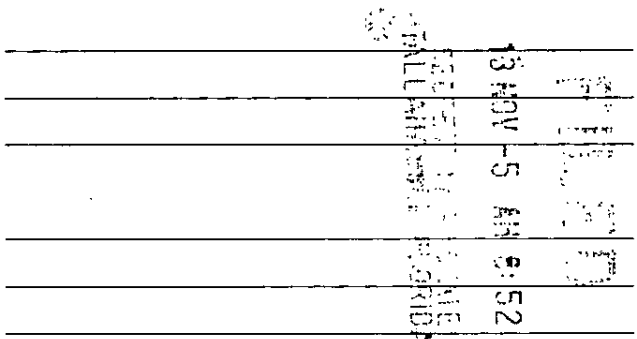
A. If amending name, enter the new name of the limited liability company here:

TJ Agency, LLC

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)



Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, **Florida**

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:

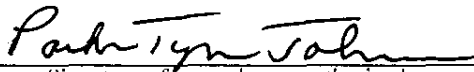
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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 2009

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

Dated October 31, 2013



Signature of a member or authorized representative of a member

Parks Tyson Johnson

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 NOV 5 AM 9:52
STATE OF FLORIDA
TALLAHASSEE