403000040035

(Requestor's Name)
 	(Address)
((Address)
(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
. (Business Entity Name)
(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
	A. LUNT
	MAY 1 5 2008
,	EXAMINER

Office Use Only



600129023956

05/14/08--01014--003 **25.00

ZOOS MAY ILL P 1: 10
SECRETARY OF STATE
TALLAHASSEE, FLORINA

FILED



PERSONAL INJURY WRONGFUL DEATH CIVIL LITIGATION ESTATE PLANNING REAL ESTATE

TITLE INSURANCE | May 12, 2008 MARITAL & FAMILY ENVIRONMENTAL LAND USE BUSINESS

Florida Department of State **Registration Section** Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

ELDER LAW ASSET PROTECTION

TAXATION

J.K.L., LLC, Document # L03000040035 RE:

EARL D. FARR, 1900 - 1988 EARL DRAYTON FARR, JR. Articles of Amendment - Name Change Reinstatement – your letter dated February 7, 2008

Senior Counsel GUY S. EMERICH FL Bar Board Certified Wills, Trusts & Estates Lawyer

JACK O. HACKETT II FL Bar Board Certified Real Estate Lawyer

MICHAEL P. HAYMANS

CHARLES T. BOYLE FL Bar Board Certified Marital & Family Lawyer DAROL H.M. CARR

DAVID A. HOLMES Certified Circuit Court Mediator

> GARY A. KAHLE FL Bar Board Certified Real Estate Lawyer

JENNIFER R. HOWELL FL Bar Board Certified Elder Law Lawyer

ROGER H. MILLER III DOROTHY L. KORSZEN

> JILL C. McCRORY WILL W. SUNTER

Dear Sir or Madam:

Pursuant to your letter of February 7th in connection with the reinstatement of J.K.L., LLC, enclosed please find Articles of Amendment to the Articles of Organization of the referenced entity, changing the name to JJ GENTRY, LLC. Also enclosed is our check #23425 in the amount of \$25.00 to cover the amendment filing fee.

Should you have any further questions, please telephone my office. Thanks.

Sincerely

GARY Á. KAHLE For the Firm

GAK/sab Enclosures 033567.0003.2

> 99 NESBIT STREET • PUNTA GORDA, FL 33950 • OFFICE: 941.639.1158 33 SOUTH INDIANA AVENUE • ENGLEWOOD, FL 34223 • OFFICE: 941.460.9334 FAX: 941.639.0028 • WWW.FARR.COM

COVER LETTER

TO: Registration S Division of Co				
SUBJECT: J.K.L.,	LLC		·····	
	(Name of Lim	ited Liability Company)		
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.		
	ondence concerning this matter	_		
	GARY A. KAHLE			
		(Name of Person)		
	FARR, FARR, EMERICA	H, HACKETT AND CARR, P.A.		
		(Firm/Company)	.	
	99 NESBIT STREET		ZU SE TALI	
		(Address)	CRE - AH	רוך
	PUNTA GORDA, FL 339	950	2008 MAY ILL SECRETARY I	-
• \		(City/State and Zip Code)	E. E. E. A. O. A.	TILE
For further information of	concerning this matter, please c	all:	I: I STATE LORID	D
SHIRLEY A. BROWN	(PARALEGAL)	at (941) 639-1158	هـ ``<	
(Name	of Person)	(Area Code & Daytime	Telephone Number)	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	osed)
Regist	ING ADDRESS: ration Section of Corporations	STREET/COURIER Registration Section Division of Corporation		

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.K.L., LLC	•	<u>-</u> 0
(Name of the Limited Liability Com (A Florida Limite	d Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Compa	ny were filed on 10/20/03	and assigned
Florida document number L03000040035		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
JJ GENTRY, LLC		
The new name must be distinguishable and end with the words "Li "L.L.C."	imited Liability Company," the des	ignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		ZI TAL
(Principal office address MUST BE A STREET ADDRESS)		ECR LA
•		HAS HAY
		RY SEE
Enter new mailing address, if applicable:		The officer
(Mailing address MAY BE A POST OFFICE BOX)		SR : O
		1-9 A
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		s, enter the name of the nev
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	(Enter Florida	street address)
	······································	lorida
	(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 = Mana MGRM = Ma	iger maging Member		
<u>Title</u> ·	<u>Name</u>	Address	Type of Action
			Add Remove
			☐ Add ☐ Remove
			Add Remove
			Add Remove
		ECRE JARY	To Dan Miles
		OF STA	O Add Remove
D. If amendir	g any other information, enter change(s	s) here: (Attach additional sheets, if necessary.	
			
Dated MAY 12	2008		
-	Signature of a member or	r authorized representative of a member	
_	Gary A. Kahle, Esq., Au	thorized Representative of Memb	

Page 2 of 2

Filing Fee: \$25.00