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J. SAULSBERRY EXAMINER

JUL 13 2011

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	CT: Joel Sims LLC			
30101	Name of Limited Liability Company			
The end	losed Articles of Amendment and fee(s) are submitted for filing.			
Please 1	eturn all correspondence concerning this matter to the following:			
	Joel SIMS Name of Person			
	Joel SIMS CCC Firm/Company			
	607 Ferretti Ave.			
	City/State and Zip Code OC/Sims 81@yahoo, com E-mail address: (to be used for future annual report notification)	SEGRE TALLAH	2011 JUL	71
	E-mail address: (to be used for future annual report notification)	SECRETARY OF S		一一
For furt	her information concerning this matter, please call:	F STATE FLORID	AM 9: 1	O
	Name of Person at (334) 806 - 9559 Area Code & Daytime Telephone Number	<u> </u>	œ	
Enclose	d is a check for the following amount:			
\$25.	(additional copy is enclosed) Certified	te of Sta		osed)
	MAILING ADDRESS: STREET/COURIER ADDRESS: Pariety tion Section Registration Section			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Joel SIMS bel	7			
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our Liability Company)	records.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L03000048784</u> .	y were filed on Novemb	<u>e/26,2003</u> and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
The new name must be distinguishable and end with the words "Lin'L.L.C."	nited Liability Company," the	designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:		<u></u>		
Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:		LAHASSE LARY		
Mailing address MAY BE A POST OFFICE BOX)		TO A		
		9: STAT		
3. If amending the registered agent and/or registered o registered agent and/or the new registered office address he		Dm oo		
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>	Address	Type of Action
ec/Tres	Kevin Matthew Sims	607 Ferretti Ave, Ft. Walton Beach, FL. 32547	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend		(s) here: (Attach additional sheets, if necessary.)_	_
	Additional member of Limited Liability Con Kevin Matthew	/ / m 	FILED 2011 JUL 11 AM 9: 18 SEFRETARY OF STATE
Dated	June 29 , 20/ Signature of a member of	or authorized representative of a member	
	Joek &	Tyn S r printed name of signee	

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