204000009905

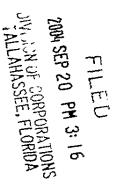
(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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TRANSMITTAL LETTER

TO: Registration S Division of Co			
SUBJECT: J&AAs	sociates, LLC.		N .
	(Name of Li	mited Liability Company)	·
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.	in the s
Please return all corresp	pondence concerning this matte	r to the following:	MINISTER OF STATE OF
	Joseph T Schiavone		THAT CO. CH.
	O	Name of Person)	
			ORION.
J & A	Associates, LLC.		43.
	(Firm/Company)	
100 Villaç	ge Squre Crossing Suite 201		
		(Address)	
Pa	ılm Beach Gardens, Florida 3	13410	
		/State and Zip Code)	
For further information	concerning this matter, please	call:	
Joseph T. So	thiavone	at (561) 207-6	3233
	(Name of Person)	(Area Code & Dayti	ime Telephone Number)
Enclosed is a check for th	e following amount:		
6 \$25.00 Filing Fee	S \$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)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1 8	& A Associates, LLC.
	(Present Name) (A Florida Limited Liability Company)
FIRST:	The Articles of Organization were filed on 1/29/2004 and assigned document number 104000009905
SECOND:	liability company:
who resides at 67	That Bonnie Lassner as been added as Managing Member of J & A Associates '01 Moonlit Drive, Del Ray Beach, Fl. 33446
	ALL'S SE T
	ZIMU SEP 20 PM 3: 10 DIV. JOH OF CORPORAT ALLAHASSEE, FLOR
	SEE. PA
	TERRE 3: -
	DAS OF STREET
Dated Sep	t. 15 , 2004
	Signature of a member or authorized representative of a member
	Joseph T. Schiavone authorized representitive
	Typed or printed name of signee

Filing Fee: \$25.00