

LO4000011052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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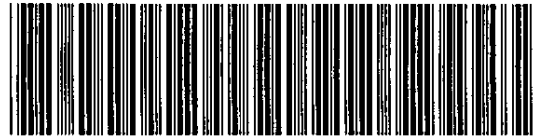
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

JAN 27 2012

D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JERMY ENTERPRISES, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TRACEY L. JERMY

Name of Person

JERMY ENTERPRISES, LLC

Firm/Company

2126 DEL PRADO BLVD. SOUTH

Address

CAPE CORAL, FLORIDA 33990

City/State and Zip Code

TRACEYINTHESUNSHINE@YAHOO.COM

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

For further information concerning this matter, please call:

TRACEY L. JERMY

Name of Person

at (**239 772-3377**)

Area Code & Daytime Telephone Number

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TALLAHASSEE FLORIDA

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
266 I Executive Center Circle
Tallahassee, FL 32301

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

JERMY ENTERPRISES, LLC

(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 02/10/2004 and assigned Florida document number L04000011052.

This amendment is submitted to amend the following:

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

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)

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CLERK OF STATE
TALLAHASSEE FLORIDA

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: TRACEY L. JERMY

New Registered Office Address: 2126 DEL PRADO BLVD SOUTH
Enter Florida street address

CAPE CORAL, Florida 33990
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	ANDREW S. JERMY	2126 DEL PRADO BLVD SOUTH	<input type="checkbox"/> Add
		CAPE CORAL, FL 33990	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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 TALLAHASSEE FLORIDA
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 1/22/13


Signature of a member or authorized representative of a member
TRACEY L. JERMY
Typed or printed name of signee

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TALLAHASSEE FLORIDA