

LD4000029762

(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:

L. SELLERS

SEP 12 2008

EXAMINER

Office Use Only



000134067980

09/11/08--01023--001 **50.00

FILED

08 SEP 11 PM 3:53

SECRETARY OF STATE
TALLAHASSEE FLORIDA



390 NORTH ORANGE AVENUE
SUITE 1400
ORLANDO, FLORIDA 32801
P.O. BOX 4961 (32802-4961)
TELEPHONE: 407.839.4200
FACSIMILE: 407.425.8377
www.broadandcassel.com

HELEN BROCK FORD
DIRECT LINE: (407) 481-5222
DIRECT FACSIMILE: (407) 650-0952
EMAIL: hford@broadandcassel.com

September 8, 2008

Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: DBR Holdings & Land, LLC
JPA Financial Services, LLC

Dear Sir/Madam:

Enclosed for filing please find the original Articles of Amendment to Articles of Organization for DBR Holdings & Land, LLC and JPA Financial Services, LLC. Also enclosed is our firm's check in the amount of \$50.00 to cover the filing fees for each enclosed amendment. Please return a filed copy of the enclosed to the undersigned at your earliest convenience. Thank you.

Sincerely,

Helen Brock Ford
Paralegal

/hbf
Enclosures

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
08 SEP 11 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JPA FINANCIAL SERVICES, 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 April 12, 2004 and assigned
Florida document number L04000029762.

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:

205 W. S.R. 434, Suite A

(Principal office address MUST BE A STREET ADDRESS)

Winter Springs, Florida 32708

Enter new mailing address, if applicable:

205 W. S.R. 434, Suite A

(Mailing address MAY BE A POST OFFICE BOX)

Winter Springs, Florida 32708

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:

J. Scott Pridgen

New Registered Office Address:

205 W. S.R. 434, Suite A

(Enter Florida street address)

Winter Springs

(City)

, Florida 32708

(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.

J. Scott Pridgen
(If Changing Registered Agent, Signature of New Registered Agent)

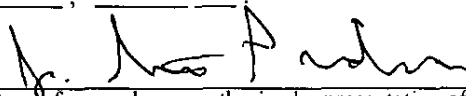
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	J. Scott Pridgen	205 W. S.R. 434, Suite A Winter Springs, Florida 32708	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Jeff. A. Anderson	1499 Highway 434 West Longwood, Florida 32750	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated _____



Signature of a member or authorized representative of a member
J. Scott Pridgen

Typed or printed name of signee

FILED
08 SEP 11 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA