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DEC 12 2008

EXAMINER

COVER LETTER

Division of Co						
SURJECT: Jeff J (Clausen Jr., LLC				ı	+
SOMECT.		nited Liability Company)			!	
•						
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
		Jeffry J Clausen Jr.				
		(Name of Person)				
		(Firm/Company)				
	704 SOUT	TH KEYSTONE AVENUE		SECR	08	
		(Address)		当る	330	T
		CLEARWATER FL 33756		絽	_	
		(City/State and Zip Code)		, F.S	3	Ċ
For further information	concerning this matter, please of	call:		VOIE FILE	12: 39	
Jeffry J Clausen Jr.		at (813) 263-6164				
(Name	of Person)	(Area Code & Daytime T	elephone Number)			
Enclosed is a check for t	he following amount:					
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)			
Regist Divisie	JNG ADDRESS: ration Section on of Corporations	STREET/COURIER Registration Section Division of Corporation				
P.O. B	Sox 6327	Clifton Building				

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jeff J Clausen Jr., LLC					
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our rec Limited Liability Company)	ords.)			
The Articles of Organization for this Limited Liability Company were filed on 4/24/04 and assigned					
Florida document number <u>L04000030687</u>	<u></u> .				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	nited liability company here:				
Jeffry J Clausen Jr., LLC		4			
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company," the design	gnation "Dec or Rabbreviation			
Enter new principal offices address, if applicable:	N/A				
(Principal office address MUST BE A STREET ADD	RESS)				
					
Enter new mailing address, if applicable:	N/A	72: 39			
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered agent and/or the new registered office ade		, enter the name of the new			
Name of New Registered Agent: N/A					
New Registered Office Address:					
	(Enter Florida street address,				
		orida			
	(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 = Man MGRM = M	nager anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		N/A	Add Remove
			Add Remove
			- D
			Add Remove
			Add Remove
D. If amend	ing any other information, enter chan	ge(s) here: (Attach additional sheets, if necess	eary.)
N/A			
			2 66 8
			PILLI DEC 11 RETARY C MHASSEE
·			FILONIDA
Dated Noven	nber 1 , 2008		₹ 3 9
	Signature of a member	er or authorized representative of a member	
		-	
,	Type	offry J Clausen Jr. d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00