

AUG. 28. 2008 2:17PM

GASSMAN, BATES & ASSOC.

NO. 5682 Page 1 of 1

**L04000032131**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H08000203955 3)))



H080002039553ABC%

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : GASSMAN & ASSOCIATES, P.A.  
Account Number : 075350000514  
Phone : (727) 442-1200  
Fax Number : (727) 443-5829

**L. SELLERS**  
AUG 28 2008  
**EXAMINER**

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**

**JKS, L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

**RECEIVED**

08 AUG 28 PM 2:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 AUG 28 AM 8:29

**FILED**

AUG 28 2008 2:18PM

GASSMAN, BATES & ASSOC.

NO. 5602 P. 2/3  
H08000203955

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

JKS, L.L.C.

(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 27, 2004 and assigned  
Florida document number L04000032131.

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)

555 N. Byron Butler Pkwy.

Perry, FL 32347

**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:

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)

H08000203955

FILED  
JUL 28 AM 8:29  
TAMPA  
FLORIDA

AUG. 28. 2008 2:18PM

GASSMAN, BATES&ASSOC.

HO NO. 5602-P. 3/35

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>
MM	Joel K. Shugar, M.D.	P.O. Box 69 Perry, FL 32348	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Daniel Shugar	555 N. Byron Butler Pkwy. Perry, FL 32347	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Gary A. Shipman	555 N. Byron Butler Pkwy. Perry, FL 32347	<input checked="" 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 August 28, 2008.

Signature of a member or authorized representative of a member

Alan S. Gassman, as authorized representative  
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

FILED  
08 AUG 28 AM 8:29  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

HO8000203955