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TO ACKNOWLEDGE SUFFICIENCY OF FILING RECEIVED

DEPARTHENT OF STATE

DIVISION OF COEPORATIO

J. BRYAN

SEP -10 2008

EXAMINER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	-J Enterpri	ited Liability Company)	
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Patty (Ur Dura (Name of Person)	08 SEP 10 SECRETARIST TALLAHASS
	16960	(Firm/Company) Seach Rd (Address)	PM 2: 25 EE. FLORID
	Perry	FL 32348 (City/State and Zip Code)	
For further information	concerning this matter, please of	call:	
(Name	of Person)	at ()(Area Code & Daytime T	clephone Number)
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 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



t t J Ent	enomises. LLC	
(Name of the Limited L (A F	iability Company as it now appears of lorida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Lial Florida document number	bility Company were filed on 51	7-04 and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of the particles of the new name must be distinguishable and end with "L.L.C."	71	" the designation "LLC" or the abbreviation
Enter new principal offices address, if applical (Principal office address MUST BE A STREET		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered offi		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Futar	: Florida street address)
	(Enter	
	(City)	, Florida(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

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			- Damara
			Add Remove
	 		AddRemove
			- Damaria
<u></u>			Add Remove
			AddRemove
). If amen —	ding any other information, enter ch	nange(s) here: (Attach additional sheets,	
			OB SEP 10 TALLAMAS
 Dated	,	·	PH 2: 25 SEE. FLORI
			Qr.

Page 2 of 2

Filing Fee: \$25.00