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SECRETARY OF STATE
TALL ANALYSES FREDERIC

S. HAWKES

MAY 2 9 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: James Fim, (1 Profucesh, & CCC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ann MARC JIMES Name of Person
James Fram. (4 Firm/Company
4117 Indusy 1/4i
Oestry FC 3254/ City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ann Mare Janes at (858) 225-7447 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$
(additional copy is enclosed)
MAILING ADDRESS: Registration Section STREET/COURIER ADDRESS: Registration Section

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

EXAMINER

S. HAWKES

MAY > 9 2009

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

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

JAMES	Frmily	Pasherch	6 /LC	
(Name of the Limited Liabil (A Florid	ity Company as it la Limited Liability	now appears on of Company)	ir records.)	
The Articles of Organization for this Limited Liability Florida document number <u>L 04 0000 73</u>		filed on	//- 0 4 and assigned	
This amendment is submitted to amend the following:	:		SEC TALL	
A. If amending name, enter the new name of the li	mited liability co	ompany here:	MY 29	
The new name must be distinguishable and end with the v "L.L.C."	vords "Limited Lia	bility Company," the	e designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD)	DRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		·		
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac		ldress on our rec	cords, enter the name of the new	
Name of New Registered Agent:				
New Registered Office Address:		Enter Flo	rida street address	
	, Florida			
	City		Zip Code	
New Registered Agent's Signature, if changing Registe	red 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

Title Name Address Type of Action Brian K. James An Marie James MGRM ☐ Add Remove Add Remove \square Add Remove Add 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 Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00