UHOW) 77940

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies Certificates of Stat		of Status
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SECRETARY OF STATE
TALLAHASSEF FI OPIN

COVER LETTER

	ation Section n of Corporations	
SUBJECT:	(Name of Limited Liability Company)	_
The enclosed Arti	ticles of Amendment and fee(s) are submitted for filing.	
Please return all c	correspondence concerning this matter to the following:	
	IOANA WEBER (Name of Person) JOVEST, LLC (Firm/Company) IGITIMBERWALK TRAI (Address) FUPITER, FL 3345 (City/State and Zip Code)	07 MAR 28 PH 12: 21 SECRETARY OF STATE
For further inform	mation concerning this matter, please call:	
Io	(Name of Person) at (561, 255-8) (Area Code & Daytime Telephone Nur	
Enclosed is a check	Certificate of Status Certified Copy Certificate o (additional copy is enclosed) Certified Co	of Status &

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

Present Name)
(A Florida Limited Liability Company)

The Articles of Organization were filed on document number -0400077940FIRST: SECOND: This amendment is submitted to amend the following: Signature of a member or authorized representative of a member Typed or printed name of signee

Filing Fee: \$25.00