L05000032917

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	∋ #)
·		·
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies Certificates of Status		of Status
	-	
· - · -		
Special Instructions to Filing Officer:		

Office Use Only



900076925949

07/06/06--01028--005 **60.00

06 JUL -6 PM 12: 16
SECRETARY OF STATE
TALL AHASSEF ELOPINA

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
James R. Riel JR (Name of Person)
J. D. Investments L. L. C. (Firm/Company)
P.O. Box 496218 Port charle HE FL. 33949 1824 Steele assers Port charle HE FL. 33948 Port Charle HE Florida 33948
Part Charlo HE Flore da 33948 (City/State and Zip Code)
For further information concerning this matter, please call:
Tames Riel at (941) 380 -2151 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$ Certificate of Status \$55.00 Filing Fee & Certificate of Status & Certif

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

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)	_	
	•		
FIRST:	The Articles of Organization were filed on 4/5/05 and assigned document number 405000 32917		
SECON	D: This amendment is submitted to amend the following:		
	that the said owner/manager	-	
	James Riel IR Be transfered Showing the Owner/manager Be James R. Riel II)	
	the Owner/manager Be James R. Riel I	T	
		_	
	SEC	96	
		Ĕ	7
	SSET.	-6	FILED
	FLOT	21 Hd	O
	A TE DRIDZ	3	
		-	
		-	
Dated			
ţ	may 7th 2006		
	Signature of a member or authorized representative of a member		
	James R. Rie JR Typed or printed name of signee		
	Typed or printed name of signee		

Filing Fee: \$25.00