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Special Instructions to Filing Officer:		
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K.SALY EXAMINER JAN 2 4 2011



January 11, 2011

JERRY'S PROFESSIONAL SERVICE LLC DEBORA SILBERNAGEL P.O. BOX 470 EUSTIS, FL 32727-0470

SUBJECT: JERRY'S PROFESSIONAL SERVICE LLC

Ref. Number: L05000051342

We have received your document for JERRY'S PROFESSIONAL SERVICE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is S25617 (OCEAN CONSTRUCTION, INC.).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly Regulatory Specialist II

Letter Number: 711A00000993

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Jerry'S Professional Service Soll. 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:
Debora Silbernage Name of Person OCeans Construction, SSC. Firm/Company
P.O. Box 470 Address
Eustis, FL 32727-0470 City/State and Zip Code Debora @ BDS Commercial Group, Comme
For further information concerning this matter, please call:
Debora Silbernage at 352, 636-3056 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Solution} \text{Solution} \text{Solution} \text{Filing Fee & Certificate of Status} \text{Solution} \text{Solution} \text{Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Solution} \text{Solution} \text{Filing Fee & 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

FILED
11 JAN 21 BL
PALLARIANT OF CO.
TALLAHASSEE, FLORIDA

Zip Code

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Limited L	liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>20500051,342</u> .	were filed onand assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab TOP TIEY CONSTRUCT The new name must be distinguishable and end with the words "Limi" L.L.C."	ion, och
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
Frincipal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 470 Eustis, FL 32727-0470
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida

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.

City

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 = ManagerMGRM = Managing Member **Title** <u>Name</u> <u>Address</u> Type of Action ☐ Add Remove ☐ Add Remove ☐ Add Remove ☐ Add Remove □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