## 105000082721

(Re	equestor's Name)		
(Ad	dress)	. <u> </u>	
(Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	MAIT	MAIL	
· (Bu	siness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only

G. MCLEOD

APR 1 1 2008

EXAMINER



300122702263

04/10/08--01011--025 ++25.00

08 APR 10 PHI2: 13

## **COVER LETTER**

	tration Section on of Corporations	
SUBJECT:	JMZ LAND IN	IVESTMENTS, LLC
SUBJECT:	(Name of Limite	d Liability Company)
The enclosed A	articles of Amendment and fee(s) are submi	itted for filing.
Please return all	l correspondence concerning this matter to	the following:
	Jon M	(Name of Person)
		(Name of Person)
		(Firm/Company)
	1695 CR	City/State and Zip Code)
		(Address)
	<u>Oxford</u>	FL 34484
	))	Sity/State and Zip Code)
For further infor	rmation concerning this matter, please call	÷
7	Name of Person)	at (678) 643-9799  (Area Code & Daytime Telephone Number)
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a ch	neck for the following amount:	
\$25.00 Filing	g Fee \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & \$60.00 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

## SECRETARY OF STATE SECRETARY OF STATE ARTICLES OF AMENDMENT DIVISION OF CORPORATION TO 08 APR 10 PM 12: 13 ARTICLES OF ORGANIZATION OF

JMZ L	and Investment	r, LLC	
( <u>Name of the Limited</u> ) (A	Liability Company as it now a Florida Limited Liability Comp	<b>ppears on our records.</b> ) any)	
The Articles of Organization for this Limited Lia	ability Company were filed or	8/22/05	and assigned
Florida document number <u>2050 000 8 2</u> -	721		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability compan	y here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability (	Company," the designation "	LLC" or the abbreviation
B. If amending the registered agent and/or registered agent and/or the new registered off		on our records, enter	the name of the new
Name of New Registered Agent:	Jon I.	M Graw	
New Registered Office Address:	1695 CR	M Graw  246 South  (Enter Florida street ac	Idvona)
		, Florida	
	(City)		(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

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	F. Larry Joseph	6985 Wallace Road Orlando FL 32819	Add Remove
MGR	Jon I. M'Graw	1695 CR 244 South Oxford FL 34484	Add Remove
MGR	Jennifer McGrow	1695 CR 246 South Oxford FL 34784	Add Remove
			Add Remove
	·		Add Remove
			Add Remove
D. If amei		e(s) here: (Attach additional sheets, if necessary.)	
_	Principal Address: 1695	- CR 246 South	_
_	Principal Address: 1695 Oxfor	d P2 34484	<u></u>
_			<del></del>
	Mailing Address: 169:	5 CR 246 South	<del></del>
	Ox fo	ord FL 34484	<i>,</i>
Dated	1 April 8 20	<u>108</u> .	
	Signature of a member	or authorized representative of a member	
	Jon	I. M'Graw	
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00