LOS000083564

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DIVISION OF CORFORATIONS

COVER LETTER

Division of Co	rporations				
SUBJECT:	JACOB & JOSEPH, LLC				
	Name of Limi	ted Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
•	EA	CHARANGAD JACOB			
		Name of Person			
	JACOB & COLLINS, LLC				
		Firm/Company	·		
	629 EAS	629 EAST BUSINESS HIGHWAY 98			
		Address			
	PAI	PANAMA CITY FL 32401			
	City/State and Zip Code				
	WALLACE (E-mail address: (t	WALLACE@FRENCHANDFRENCH.COM E-mail address: (to be used for future annual report notification)			
For further information	concerning this matter, please ca	all:			
	-	~~ 7/0 1.0			
Name	JANE COLLINGS of Person	at (<u>850) 769 – 49</u> Area Code & Daytime T	elephone Number		
Enclosed is a check for	the following amount:				
₹ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

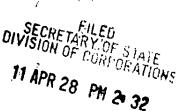
TO:

Registration Section

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



Zip Code

JACOB & JOSEPH, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on AUGUST 24, 2005 and assigned L05000083564 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: JACOB & COLLINS, LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new 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 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 <u>Address</u> Type of Action Remove Remove Remove Remove \square Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) APRIL 25 2011 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00