

**L05000089290**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

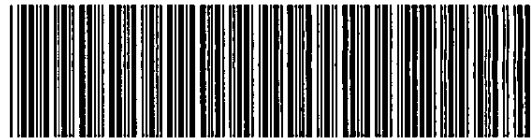
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200246185202

03/29/13--01008--002 \*\*25.00

RA -  
PO Box

**FILED**

2013 APR 16 PM 1:20

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

APR 17 2013  
D. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 2, 2013

RICHARD DICKS  
PO BOX 1809  
DUNDEE, FL 33838

SUBJECT: RJJAMS, LLC  
Ref. Number: L05000089290

We have received your document for RJJAMS, 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):

A post office box is not an acceptable address for the registered agent.

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) 245-6051.

Gina McLeod  
Regulatory Specialist II

Letter Number: 913A00007711

**FILED**  
2013 APR 16 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: RJJAMS, LLC  
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:

Richard Dicks

Name of Person

RJJAMS, LLC

Firm/Company

P.O. Box 1809

Address

Dundee, FL 33838

City/State and Zip Code

rgd51148@aol.com or bbohan9443@aol.com

E-mail address: (to be used for future annual report notification)

FILED  
2013 APR 16 PM 1:21  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

Richard Dicks

Name of Person

at ( 863 ) 557-3321

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

**RJJAMS, 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 APRIL 9, 2012 and assigned Florida document number L05000089290.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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)**

**FILED**  
2013 APR 16 PM 1:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

MICHAEL NEAL DICKS

New Registered Office Address:

PO Box 1809 805 Pointe Court  
Winter Haven 33884  
Florida 33888  
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>	<u>Address</u>	<u>Type of Action</u>
mgrm	Richard G. Dicks	608 Frederick Avenue Dundee, Fl 33838	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
mgrm	Michael Neal Dicks	805 Pointe Court Winter Haven, Fl 3388	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
mgr	Jill Elizabeth Bishop	805 Pointe Court Winter Haven, Fl 33884	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
mgr	Adam Davis Dicks	805 Pointe Court Winter Haven, Fl 33884	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
mgr	Stephen Richard Dicks	805 Pointe Court Winter Haven, Fl 33884	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 2013 APR 11 PM 1:21  
 FILED

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

Michael Neal Dickson

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

**FILED**  
2013 APR 16 PM 1:21  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA