105000/03950

| (Re | questor's Name) | <u>,</u> |
|-------------------------|---------------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | ≥ #) |
| PICK-UP | | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | Offic e Use On | iy |



11/02/05--01017--001 **30.00





COVER LETTER



The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

· M E (Name of Person) (Firm/Company) っそつ (Address) (City/State and Zip Code) For further information concerning this matter, please call: 65a (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: \$30.00 Filing Fee & S60.00 Filing Fee, Certificate of Staffir & \$25.00 Filing Fee \$55.00 Filing Fee & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed MAILING ADDRESS: STREET/COURIER ADDRESS: **Registration Section Registration Section Division of Corporations Division of Corporations** P.O. Box 6327 **Clifton Building** 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

| | ARTICLES O | F AMENDMENT | |
|-----|-------------|-----------------------------------|-----|
| | | ТО | |
| | ARTICLES OF | ORGANIZATION | |
| | 1 | OF 1 | |
| JLP | FLORIDA | HOLDING | LLC |
| | (Prese | ent Name) d Liability Company) | |

The Articles of Organization were filed on Oct 19 2005 and assigned document number 6 5000 10 3950 FIRST:

SECOND: This amendment is submitted to amend the following:

| (| CHANGE LLC NAME TO | - |
|---------|--|----|
| | JLF FLORIDA HOLDINGS LLC | |
| | | |
| _ | | |
| | | |
| | | |
| | TALE TALE | |
| | TALLAH TALLAH | -T |
| | -2 AR) ASS | |
| | 10/31,05. | -1 |
| | 10/31 | |
| | | |
| | and a smalle | |
| • | Signature of a member or authorized representative of a member | |
| (| Joseph Formella | |
| | Typed or printed name of signee | |

Filing Fee: \$25.00