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EXAMINER



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SECRETARY OF STATE DIVISION OF CORPORATIO

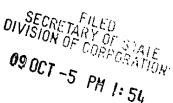
COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	APR H	OLDINGS, LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	pondence concerning this matter	r to the following:		
	·	Anderson, Laurence		
Name of Person				
APR II, LLC Firm/Company				
		10416 ALTA DRIVE		
JACKSONVILLE, FL 32226-2302				
		City/State and Zip Code		
laurence.anderson@aprenergy.com E-mail address: (to be used for future annual report notification)				
For further information	concerning this matter, please of	eall:		
Name	Rob Udell	at (904) 7 Area Code & Daytime	55-9002	
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)	Sectificate of Status & Certificate 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



	APR HOLD	INGS, LLC		
(Name of the Limite	d Liability Compa A Florida Limited	<u>iny as it now appea</u> Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Florida document number L0500012	Liability Company			and assigned
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liab	oility company he	<u>re</u> :	
	JCLA HOLD	INGS, LLC		
The new name must be distinguishable and end w "L.L.C."	vith the words "Lim	ited Liability Compa	any," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STRE	<u>'ET ADDRESS)</u>			
		•		
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	E BOX)			
B. If amending the registered agent and registered agent and/or the new registered			our records, <u>enter 1</u>	he name of the new
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Er	nter Florida street add	ress
		N/A	, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Add Remove		
			∏Add Remove		
			Add Remove		
	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)			
<u>-</u>			-		
Dated	9/23/09 Robert & Uder	<u> </u>			
	Robert E Ude Typed	or authorized representative of a member or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00