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COVER LETTER

	tration Section ion of Corporations				
SUBJECT:	Jual In	vestment, LLC			
_	Name of Lim	ited Liability Company			
	Articles of Amendment and fee(s) are su	_			
		James D. Stone			
		Name of Person	_	·	
	James	D. Stone & Associates, P.	C.		
	Firm/Company				
		10969 Paw Paw Drive		206 Si	
		Address		S	at agreeme
	Holland, Michigan 49424			2009 DEC - I AM IO: 16 SECRETARY OF STARE TALLAHASSEELFLORIDA	-
	<u> </u>	City/State and Zip Code		mi≤ mo⇒	T
		jds@jdstone.net			
		to be used for future annual report not	ification)		OATA
For further infe	ormation concerning this matter, please	call:		₹m 0	
_	James D. Stone	at (616)	392-5585		
	Name of Person	Area Code & Daytii	me Telephone Number		
Enclosed is a c	heck for the following amount:				
\$25.00 Fili	ng Fee \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified (e of Status &	
	MAILING ADDRESS:	STREET/COUR	UER ADDRESS:		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jua	I Investment, LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now app la Limited Liability Compan	pears on our records.) ly)	
The Articles of Organization for this Limited Liability	Company were filed on _	December 15, 2005	and assigned
Florida document numberL05000120364	·		
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the li	mited liability company	<u>here</u> :	
The new name must be distinguishable and end with the v "L.L.C."	vords "Limited Liability Co	mpany," the designation "LI	.C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:)) ()	Pic I
(Mailing address MAY BE A POST OFFICE BOX)			
			CO
B. If amending the registered agent and/or reg	istand affic adduses	-	5 9 5 the new
registered agent and/or the new registered office ac	istered office address of idress here:	n our records, <u>enter tr</u>	e name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street addre	ess
	·	, 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
MGRM	James L. Batts	18978 Point Drive Tequesta, Florida 33469	Add Remove
			Add Remove
	·		Add Remove
			And Remove
·····			A A A A A A A A A A A A A A A A A A A
 			Add
D. If amend	ing any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)	_
_			
			_
Dated <u>M</u>	newher 27, 300.9	I throw	
•		nber of authorized representative of a member	_
,	James D. St	tone - authorized representative	

Page 2 of 2

Filing Fee: \$25.00