

L05000121573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

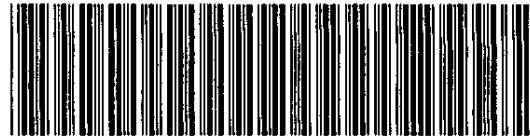
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 DEC 19 PM 12:07

DEC 20 2012

T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JACKIE G. SCHELL, 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:

JACKIE G. SCHELL
Name of Person
JACKIE G. SCHELL
Firm/Company
4409 SW FIFTH PLACE
Address
CAPE CORAL, FLORIDA 33914
City/State and Zip Code
jschell@earthlink.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JACKIE G. SCHELL at **239 229-4339**
Name of Person Area Code & Daytime Telephone 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:
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

FILED
STATE TREASURY STATE
DIVISION OF CORPORATIONS

12 DEC 19 PM 12:07

JACKIE G. SCHELL, 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 12/21/2005 and assigned Florida document number LO5000121573.

This amendment is submitted to amend the following:

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

N/A

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)

1402 SE 18TH TERRACE

CAPE CORAL, FLORIDA 33990

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1402 SE 18TH TERRACE

CAPE CORAL, FLORIDA 33990

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:

MATTHEW G. SCHELL

New Registered Office Address:

1402 SE 18TH TERRACE

Enter Florida street address

CAPE CORAL


Florida 33990

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.


Matthew G. Schell
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:

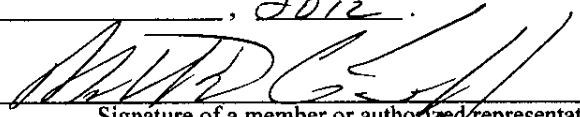
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JACKIE G. Schell	4409 S.W. 5 th Place	<input type="checkbox"/> Add
		CAPE CORAL	<input checked="" type="checkbox"/> Remove
		FL. 33914	
MGRM	MATTHEW B. Schell	1402 SE 18 th TERRACE	<input checked="" type="checkbox"/> Add
		CAPE CORAL	<input type="checkbox"/> Remove
		FLORIDA 33990	
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 12/17, 2012.

+ 

Signature of a member or authorized representative of a member

Matthew Glenn Schell

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE
CORPORATE SERVICES