## L05000123004

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SECRETARY OF STATE
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## **COVER LETTER**

TO: Registration Section Division of Corporations		•
SUBJECT: JPMC LLC		
(Name of L	imited Liability Company)	•
The enclosed Articles of Amendment and fee(s) are s	submitted for filing.	
Please return all correspondence concerning this matt	ter to the following:	
Billie K. Matthews		<u>.</u>
	(Name of Person)	
<u>Fred. B. Share, Es</u>	Q. (Firm/Company)	<u>, , , , , , , , , , , , , , , , , , , </u>
1092 Ridgewood A	AVE. (Address)	
Holly Hill, FL 3211		
1101ly 1111, 1 2 0211	(City/State and Zip Code)	
For further information concerning this matter, please	e call:	
Billie K. Matthews (Name of Person)	at ( 386 ) 253-1030 (Area Code & Daytime T	Telephone Number)
Enclosed is a check for the following amount:		
\$25.00 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	STREET/COURIER Registration Section	R 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

# 08 JUL 11 AM 10: 35 SECRETARY OF STATE TALLAHASSEE FLORIDA

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited (A	Liability Company as it now appears on our reco Florida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Li	iability Company were filed on December	28 , 20 and assigned
Florida document number <u>L05000123004</u>	·	
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Company," the design	nation "LLC" or the abbreviation
B. If amending the registered agent and/oregistered agent and/or the new registered of	or registered office address on our records, fice address here:	enter the name of the new
Name of New Registered Agent:	Baroch Sror	·
New Registered Office Address:	9 Shawnee Trail	
	(Enter Florida s	street address)
	Ormond Beach, FL 32174 , Flo	orida
	(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>Address</u> **Title Type of Action** Name 1 MGRM Baroch Sror 9 Shawnee Trail **✓** Add Ormond Beach, FL 32174 ☐ Remove MGRM Brian P. Share 51 West Granada Ormond Beach, FL 32174 ☐ Add □Add Remove □Add Remove \_lAdd Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated April 2008 Signature of a member or authorized representative of a member Brian P. Share Typed or printed name of signee

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Filing Fee: \$25.00