66000017436

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SECRETARY OF STATE

T. CLINE

OCT 3 1 2008

EXAMINER

COVER LETTER

Division of Cor	porations				
SUBJECT: JUPITI	ER SOUNDINGS LI	_C			
		nited Liability Company)		_	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.			
Please return all correspondence	ondence concerning this matter	to the following:			
	DANKIN D TUOMAO				
	DANNY R THOMAS	(Name of Person)			
	JUPITER SOUNDINGS	(Firm/Company)			
		(гиписопірану)			
		(Address)			
	JUPITER, FL 33458				
		(City/State and Zip Code)			
For further information c	oncerning this matter, please of	all:			
; ;			•		
DANNY R THOMAS		at (561) 745-8307	<u>:</u>	SEC	-markenel
		(Area Code & Daytime Te	elephone Number)	ARE OCT	
				30 38 38	F REAL PROPERTY.
Enclosed is a check for the	ne following amount:			EF. PA	
☑ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	N. S. C.

MAILING ADDRESS:

TO:

Registration Section

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

(Name) of the Limited Liability (A Florida L	Oundings, Company as it now appears on our remitted Liability Company)	ecords.)			
The Articles of Organization for this Limited Liability Co	empany were filed on 2/16/06	and assigned			
Florida document number L 06000017436					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ed liability company here:				
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Company," the de	signation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRI	ESS)				
		300			
Enter new mailing address, if applicable:		PER CT			
(Mailing address MAY BE A POST OFFICE BOX)		AR SS			
		E P			
		F.S. =			
B. If amending the registered agent and/or registe	red office address on our record	ls, enter the name of the new			
registered agent and/or the new registered office addre	ess here:	OF O			
Name of New Registered Agent:					
New Registered Office Address:					
	(Enter Floride	a street address)			
	, Floric				
	(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_	DANNY R THOMAS	935 TOWN HALL AVE. STE 2 JUPITER FL 33458	Add Remove
MGRM	DANNY R THOMAS	18329 SE FEDERAL HWY TEQUESTA, FL 33469	Add Remove
			Add Remove
			Add Remove
			2008 OF T 30
D. If amend	ling any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	ANOI: 20
			
			
Dated OCT 2		·	_
	Signature of a member of DANNY R THOMAS	or authorized representative of a member	
	Typed o	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00