L0600030439

(R	equestor's Name)	
(Address)		
(A	ddress)	
(C	ity/State/Zip/Phone #)	
•	,,	
PICK-UP	WAIT	MAIL
(B:	usiness Entity Name)	
(5)	ocument Number)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special instructions to Filing Officer:		

Office Use Only



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10/28/11--01031--010 **52.50

11/09/11--01001--003 **7.50

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SECRETARY OF STATES



EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 31, 2011

ZANDRA EARLE JEFF EARLE TECHNICAL SERVICES, LLC 11591 RED HIBISCUS DRIVE BONITA SPRINGS, FL 34135

SUBJECT: JEFF EARLE TECHNICAL SERVICES, LLC

Ref. Number: L06000030439



We have received your document for JEFF EARLE TECHNICAL SERVICES, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$7.50.

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 311A00024718

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: JEFF EARLE TECHNIC	LAL SERVICES LLC
	ed Liability Company
The evaluated Assistance for the state and Grades and Grades	mitted for filing.
The enclosed Articles of Amendment and fee(s) are subr	milled for filling.
Please return all correspondence concerning this matter t	to the following:
ZANDRA	EARLE
	Name of Person
Time LABI	E TECHNICAL SURVICES LLC
ZELL EAKE	
	Firm/Company
11591 RED 1	HIBISCUS DR
	HIBISCUS DR Address
	1105 FT - 1117 -
BONITA SPRI	City/State and Zip Code
70000-1-6	City/State and Zip Code
	be used for future annual report notification)
e-mail address: (to	see used for future aimual report nonneation)
For further information concerning this matter, please ca	II:
Jan 11. 2010	176 1-211 2221
Name of Person	at (239) 634-3330 Area Code & Daytime Telephone Number
()	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee &	\$55.00 Filing Fee & \$60.00 Filing Fee,
Certificate of Status	Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy
	(additional copy is enclosed)
	Waddinial \$750
	Macaushar 47.30
MAILING ADDRESS:	STREET/COURIER ADDRESS: Per letter Registration Section
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JEFF EARLE TECHNICAL SERVICES 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 Liab		3/23/2006 and assigned
Florida document number <u>L060003</u>	043.4	
This amendment is submitted to amend the follow	ring:	
A. If amending name, <u>enter the new name of t</u>	he limited lighility company he	ere:
N/A	ne minted parting company is	<u> </u>
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Comp	any," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET	ADDRESS)	
	 -	
Enter new mailing address, if applicable:	· 	
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
		
B. If amending the registered agent and/or		our records, enter the name of the new
registered agent and/or the new registered offic	e address here:	
Name of New Registered Agent:		
New Registered Office Address:		El
	Enter Florida street address	
	Cin	, Florida Zip Code
	City	zip Coae

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: MGRM = Managing Member - Adding 2 - 5/B 4 MGRM's <u>Title</u> **Type of Action** <u>Name</u> **Address** COLORIDO TO COFO DO COL ☐ Add Remove 26510 SNOWBERRY LANE Add
BONITA SPRINGS FL 34135 Remove EDUARDO VAZQUEZ CARLOS A VISO Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member ZANDRA G. EARLE Typed or printed name of signee

1. ...

Page 2 of 2

Filing Fee: \$25.00