LD6000031759

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400101812264

05/21/07--01022--017 **25.00

SECRETARY OF STATE AS 1 NY SIDE OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Job Locators, LLC (Name of L	imited Liability Company)	<u> </u>
The enclosed Articles of Amendment and fee(s) are su	bmitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
MICHAEL KILLING	SWORTH (Name of Person)	en e
	(Firm/Company)	- 45 ()=
P.O. BOX 5133		OT HAY 21
	(Address)	AY 2
LAKELAND, FL 338		LEO CORPOS STROPS
(City	/State and Zip Code)	M 2: 5
For further information concerning this matter, please	call:	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
MICHAEL KILLINGSWORTH (Name of Person)	at (at (one Number)
Enclosed is a check for the following amount:		
▼ \$25.00 Filing Fee & Certificate of Status	Certified Copy Certif (additional copy is enclosed) Certif	i0.00 Filing Fee, ficate of Status & fied Copy tional copy is enclosed)
MAILING ADDRESS: Registration Section	STREET/COURIER ADI Registration Section	PRESS:

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

2	JOB LOCATORS, LLC	_		
	(Present Name) (A Florida Limited Liability Company)			
FIRST:	The Articles of Organization were filed on 3/20/2006 and assigned document number L06000031739 and assigned		·	
SECONI	: This amendment is submitted to amend the following:			
	PLEASE CHANGE THE NAME OF THE LLC FROM JOB LOCATORS, LLC T	0		
	MARITAL ASSETS, LLC			
		_	<u>ت</u> ين	
		THAY	9.5.0 19.15	
			SE T	
		- PH	CSSC	
		- ¹	ORA ORA	
		_ 5		
		_		
Dated _N	MAY 16TH , 2007			
	Signature of a member or authorized representative of a member		٠	
	MICHAEL KILLINGSWORTH			

Filing Fee: \$25.00

Typed or printed name of signee