(F	Requestor's Name)	•			
· · · · · · · · · · · · · · · · · · ·	Address)				
(A	Address)				
(0	City/State/Zip/Phone	#)			
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## **COVER LETTER**

TO:	Registration Division of C			
SUBJE	cct.	JOINT VENTUR	E ENTERPRISES LLC	•
SOME	<u> </u>	(Name of L	imited Liability Company)	· · · · · · · · · · · · · · · · · · ·
The en	closed Articles	of Amendment and fee(s) are su	abmitted for filing.	
Please	return all corre	spondence concerning this matter	er to the following:	
			Noel Brown	
	-	<del></del>	(Name of Person)	<del>,,,, _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
			(	
	_	NT	B Services LLC	
			(Firm/Company)	
		16	72 Waldorf Dr	
	-		(Address)	*******
		North	Dort El 2/200	
	-		Port, FL. 34288 y/State and Zip Code)	
		(0)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
For fur	ther information	on concerning this matter, please	call:	
Noel Brown at ( 941 ) 429-0506				-0506
		(Name of Person)		e Telephone Number)
Enclose	ed 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 (additional copy is enclosed)	Certificate of Status & Certified Copy
				(additional copy is enclosed)
MAILING ADDRESS:		AILING ADDRESS:	STREET/COURI	ER ADDRESS:
Registration Section			Registration Section	
Division of Corporations P.O. Box 6327			Division of Corpor Clifton Building	<b>TALLONS</b>

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## JOINT VENTURE ENTERPRISES LLC

(Present Name) (A Florida Limited Liability Company)

FIRST:	The Articles of Organ document number LC	nization were filed on 05/01/2006 06000044725	and assigned				
SECOND:	This amendment is su	bmitted to amend the following:					
	Please list FCS ENTERPRISES, LLC of 1200 N FEDERAL HIGHWAY SUITE 200						
	BOCA RATON	FL 33432 US as a "Member" only.					
			· · · · · · · · · · · · · · · · · · ·				
			7 1 1 1 1 1 1 1 1 1				
	A		JUN 23 CRETAIR LAHASS				
			M 2: I				
Dated Ju	une 10	, <u>2006</u>	TE ATTE				
	M	eyl Gonally					
	Sign	nature of a member or authorized representative of a me	mber				
		MERYL CROMARTY					
		Typed or printed name of signee					

Filing Fee: \$25.00