LD0000063320

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: JODODI, LLC
(Name of Limited Liability Company)
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sten Klein (Name of Person)
Steven C Klein CPA PA (Firm/Company)
11776 W Sample Rd #105
Caval Splings, 19 33065 (City/State and Zip Code)
For further information concerning this matter, please call:
Heven Lein at (954, 345 3696 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee

MAILING ADDRESS:

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



September 9, 2008

STEVEN KLEIN STEVEN C. KLEIN CPA PA 11776 W SAMPLE ROAD, #105 CORAL SPRINGS, FL 33065

SUBJECT: JODODI, LLC Ref. Number: L06000063320

We have received your document for JODODI, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is being returned as requested.

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) 245-6967.

Letter Number: 508A00049348

Leslie Sellers Regulatory Specialist II

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

JODO DI, LLC ed Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) (Name of the Limited Liability The Articles of Organization for this Limited Liability Company were filed on L06000063320. Florida document number ___ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: (Enter Florida street addres (City) New Registered Agent's Signature, if changing Registered Agent:

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.

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with

(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 Type of Action <u>Address</u> **Title** Name ☑ Add Remove Remove ___ Add 🗖 Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00