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COVER LETTER

Div	ision of Cor	porations		,	
CUDIECT.	Jones JV, L	LC	•		
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		Robert Wohl			
			Name of Person	,	
	Name of Limited Liability Company ed Articles of Amendment and fee(s) are submitted for filing. m all correspondence concerning this matter to the following: Robert Wohl				
		20 N Lake Moody Rd			
			Address		
		Frostproof, FLorida 3384	3	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		Address Frostproof, FLorida 33843 City/State and Zip Code ccd.robert@gmail.com			
		- ·			
		E-mail address: (to be used for future annual report notificat	ion)	
For further in	nformation c	oncerning this matter, please c	ail:		
Robert Woh	1				
Name of Person		f Person		lephone Number	
Enclosed is a	a check for th	ne following amount:			
□ \$25.00 F	Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
	iling Addres gistration S		Street Address: Registration Sectio	n	
		orporations	Division of Corpor		

P.O. Box 6327

Tallahassee, FL 32314

Registration Section

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	2
Liability Company as it now appears on our records.) Florida Limited Liability Company)	3
ility Company were filed on 08/11/2006	and assigned
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ne limited liability company here:	
is "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
le:	
ADDRESS)	
	
<u></u>	
istered office address on our records, <u>enter the</u> nere:	name of the new register
From Florida street - JJ	
rnier r ioriaa sireei address	
, Florid	la
	ility Company were filed on ing: le limited liability company here: ls "Limited Liability Company," the designation "LLC" or le: 4DDRESS) Enter Florida street address

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 605, 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager `AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Agnes Wohl	20 N Lake Moody RD, Frostproof, FL 33843	= Add
			□ Remove
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Note: If	the date inserted in t's effective date or	ı this block doe	es not meet	the applicab	le statutory fi	ling requireme	ents, this dat	e will not be lis	ted as
iocumen	s effective date of	n die Departiis	em of State	s records.					
record s	pecifies a delayed o	effective date	but not an e	effective tim	a at 12:01 a .	n on the earlie	ar of (b) T	ha OOsh day a A	
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		Signatu	re of a mem	ber or authoria	zed representat	ive of a member	-		