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C. LEWIS

JUL 9 2009

EXAMINER

## **COVER LETTER**

TO: Registration Section  Division of Corporations
SUBJECT: Jennings Street, CCC  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:
Catherine D. Baker Name of Person
Jennings Street (C) Firm/Company
311 E. Jennings Street
Gity/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Catherine Baker at (856) 227-9497  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  S55.00 Filing Fee & Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2009 JUL -8 PM 1:42

•			LL AVICE STATE
Jennings Stree	t, UC	SECRE TAIN AP	ASSEE. FLORIDA
(Name of the Limited Liabili (A Florida	ty Company as it now appear Limited Liability Company	ears on our records.)	<del></del>
		g/	
The Articles of Organization for this Limited Liability	Company were filed on	411/04	and assigned
Florida document number <u>LO60000888</u>	<u> </u>		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lir	nited liability company h	ere:	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Com	npany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		our records, enter th	ne name of the new
Name of New Registered Agent:			
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·	
	1	Enter Florida street addr	ess
	C'	, Florida	7: C - 1
	City		Zip Code

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

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member <u>Title</u> **Address** <u>Name</u> Type of Action B James C. Kittrell
Cotherine D. Baker 311 E. Jennings St. Tellah esseli FL 37501 ☐ Add Remove Remove ☐ Add Remove Remove ∏Add Remove ∏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

. If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00