LOWODOM3154

(Requestor's Name)						
(Address)						
(Address)						
(City	y/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
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(Document Number)						
Certified Copies	Certificates	of Status				
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SEUNCTARY OF STATE
TALLAHASSEE, FLORIO

D. BRUCE

APR 1 1 2008

EXAMINER



COVER LETTER

Division of	Corporations			
SUBJECT:	J & J HOME SALES, LLC			
SUBJECT:	(Name of Limited Liability Company)			
The enclosed Article	es of Amendment and fee(s) are submitted for filing.			
Please return all corr	respondence concerning this matter to the following:			
	Jimmy Strickland			
	(Name of Person)			
	J & J Home Sales, LLC (Firm/Company)			
	(Company)			
	145 S. Hankin Road			
	(Address)			
	Bartow, FL 33830			
	(City/State and Zip Code)	TAL SE	00	
For further informati	ion concerning this matter, please call:	CAHASS	APR	manani manani
Jimmy Stricklan	at (863) 537-1155	<u>m</u>	~~o	ferbad -
(Na	ame of Person) (Area Code & Daytime Telephone Number)	F STATE FLORIDA	PH 5: 01	
	for the following amount:	•		
\$25.00 Filing Fee	Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee & \$60.00 Filing Fee & Certified Copy (additional copy is enclosed)	of Status opy		·d)

MAILING ADDRESS:

TO:

Registration Section

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

<u> </u>
6 and assigned
LC" or the abbreviation
hername of the new
TO P IM
Gess)
ress)
33830
(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.

(In Changing Registered Agent, Signature of New Registered Agent)

	the Managers or Managing Men g Member being added or remove	ibers on our records, <u>enter the title, name, ar</u> d from our records:	nd address of each Manage
MGR = Ma MGRM = M	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	J. T. Allen	145 Hankin Road Bartow, FL 33830	Add Remove
<u>MGRM</u>	Betty Allen	145 Hankin Road Bartow FL 33830	Add Remove
MGRM	Lew Ann Strickland	145 S. Hankin Road Bartow, FL 33830	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter c	change(s) here: (Attach additional sheets, if nec	.
			OR APR
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Dated	Jimn	2008 The Control of a member of a member	
	J.	immy Strickland Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00