L06000104313

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT	MAIL		
(Business Entity Name)	,		
(Document Number)			
Certified Copies Certificates of	Certificates of Status		
Special Instructions to Filing Officer:			



200162483442

11/09/09--01052--021 **35.00

 $i^{\frac{1}{2}\cdot\frac{1}{2}}$

Office Use Only



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 17, 2009

ERIC SAMUELSON 14 PORT LANE PALM COAST, FL 32164

SUBJECT: JS & G GROUP, LLC Ref. Number: L06000104313

We have received your document for JS & G GROUP, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

You call the Fictitious Name Registration at 850-245-6058 for information on changing the "DBA" addresss.

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) 245-6067.

Letter Number: 409A00035739

Neysa Culligan Regulatory Specialist II

Division of Cornerations - P.O. BOX 6327 - Tallahassee Florida 32314

COVERLETTER

TO: Registration Section Division of Corporations
SUBJECT: US &G Group LLC. D/B/AV/King Contractors 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:
Eric G. Samuelson Name of Person
JS&G Group D/R/A Viking Contractors Firm/Company
597 John anderson Hwy Address
Flagler Bch. FL. 32136 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Eric 6, Samuelson at (386) ~586-9049 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee \$Certificate of Status 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 ORGANIZATION OF

FILED

09 DEC 18 PM 2:57

ALLAHASSEE. FLORIDA

(Name of the Limited Liability Company as it now appears on our records)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Li- Florida document number		were filed on _	10-26-06	and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liabi	lity company h	ere:	
The new name must be distinguishable and end with "L.L.C."	h the words "Limit	ted Liability Com	pany," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applica	ahle:	597.	John anders	can Hwy
(Principal office address MUST BE A STREET ADDRESS)		Flagle	ohn anders Beach FL.	
		32 13	6	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	ROY)			
MAT BE AT OST OFFICE I	<u> </u>			
B. If amending the registered agent and/o registered agent and/or the new registered of			our records, enter	the name of the new
Name of New Registered Agent:				
New Registered Office Address:	597 John Anderson Hwy Enter Florida street address Hagler Black FL, Florida 32136			
	Hagleri	Beach F	E, Florida	32136 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 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 **Address** Type of Action Title -<u>Name</u> ☐ Add Remove Remove ☐ Add Remove ☐ Add ☐ Remove ∏Add ☐ Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **(**|[.: Dated 17-10-09 Signature of a member or authorized representative of a member

Eric 6. Samuelson
Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00