## 0600112424

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	J. P. Seven, LLC		
	(Name of Lin	nited Liability Company)	
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	oondence concerning this matte	r to the following:	
	Rob Peecher		
		(Name of Person)	
	J. P. Seven, LLC		08
		(Firm/Company)	
	19682 Villa Rosa Loop		OB JUN -4 AM IO: 39 SECRETARY OF STATE TALLAHASSEE FLOAID
		(Address)	SEC 3
	Fort Myers, FLA 33967		P.S. B.
		(City/State and Zip Code)	AFE AS
For further information	concerning this matter, please of	call:	
Rob Peecher		at ( 313 ) 680-8077	
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & 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

( <u>Name of the Limited</u>	J. P. Sever I Liability Compa A Florida Limited I		ears on our records.)		
The Articles of Organization for this Limited I.  Florida document numberL060001124	and assigned				
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	f the limited liab	oility company h	<u>ere</u> :	08 JUN SECP TALLY	
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ited Liability Com	ipany," the designation "l	0240 T	
Enter new principal offices address, if applied	J. P. Seven, I	_LC	AH IO: 3ª		
(Principal office address MUST BE A STREET ADDRESS)		3400 Radio R	Road, Suite 103	92 3	
		Naples, Florid	da 34104		
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE	BOX)				
B. If amending the registered agent and/registered agent and/or the new registered or			our records, enter t	the name of the new	
Name of New Registered Agent:	Rob Peecher				
New Registered Office Address:	New Registered Office Address: 19682 Villa Rosa Loop				
	(Enter Florida street address)			dress)	
	Fort Myers		, Florida 33	967	
		(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)

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Meininger, Michael	5066 Chain Bridge Road Bloomfield Hills Michigan 48304	Add Remove
			₹ Damasia
	-		Remove
			OB JUN-1
			OB JUN -1, AN IO: 39  TABLE HASSEE AND OF STATE  Add TO ST
			Add Remove
		hange(s) here: (Attach additional sheets, if	necessary.)
	Please Change the address for Rob Pe		<u> </u>
	19682 Villa Rosa Loop, Fort Myers, Fig	orida 33967	
			-
Dated <u>Ju</u>	Rol D	008  Ember or authorized representative of a member	
	Rob Peecher	smoet or authorized representative of a member	
		vned or printed name of signee	<del>····</del>

Page 2 of 2

Filing Fee: \$25.00