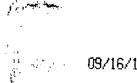
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(Requestor's Name)					
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11 SEP 16 PH 4: 26

B. BOSTICK
SEP 19 2011
EXAMINER

COVER LETTER

TO:	Registration Sec Division of Corp					
SUBJE	SUBJECT: JEEVES BUSINESS SOLUTIONS LLC					
	Name of Limited Liability Company					
The end	closed Articles of A	mendment and fee(s) are su	mitted for filing.			
Please	return all correspon	dence concerning this matte	to the following:			
ROGER JONSSON Name of Person						
	JEEVES BUSINESS SOLUTIONS LLC					
16440 M		Firm/Company ALL STONE CIP LINUT 207				
	16440 MILLSTONE CIR UNIT 207 Address					
	FORT MYERS, FL 33908 City/State and Zip Code					
		ROG	R@THEERPPRO.COM be used for future annual report notificati	on)		
For furt	her information cor	ncerning this matter, please	-	A SER		
	ROGE	R JONSSON	at (239) 56	5-8012		
Enclose	Name of I		Area Code & Daytime Te	ephone Number From Plant 26		
	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		ion Section of Corporations 6327	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

JEEVES BUSINES	SS SULUTION	S LLC			
(Name of the Limited Liability Com (A Florida Limited	d Liability Company)	is on our records.)			
The Articles of Organization for this Limited Liability Compared Florida document number	ny were filed on	01/26/2007	and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lis	ability company her	<u>'e</u> :			
THE ERPPRO	GROUP LLC				
The new name must be distinguishable and end with the words "Li "L.L.C."	mited Liability Compa	iny," the designation	"LLC" or the abbreviati		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			SE PH 13		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		our records, <u>enter</u>	Dri o		
Name of New Registered Agent:					
New Registered Office Address:	Fw.	tar Florida street a	ddraec		
	En	Enter Florida street address			
		, Florida _	7. 0 1		
	City		Zip Code		

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 = I	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
 			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
a) villand		AHP SSE	
		FLORIDA	FH 26
Dated	SEPTEMBER 13 , 20	011	
	Ky	State of the second state	
		r or authorized representative of a member	
		SGER JONSSON or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00