10700010802

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		LS
نيد		

Office Use Only



700101729417

05/08/07--01021--008 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Administrative Assistants of Jacksonville, (Name of Limited Liability Company) LLC
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Shawn A. Acnord, E.S. (Name of Person)
The Armid Law Firm U.C. (Firm/Company)
2064 Park Street
Jacksonville FL 32204 (City/State and Zip Code)
For further information concerning this matter, please call:
Shown A Arnold at (904) 389-4800 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$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

Adminstrative Assistants of Jacksonville ...
(Present Name)
(A Florida Limited Liability Company)

FIRST:	The Articles of Organization were filed on 1-30-2007 and assigned document number 10700010802.	
SECOND:	This amendment is submitted to amend the following: Amend current name of company to reflect proper spelling of "Administrative Assistants of Tacksonville, LLC"	
Dated	Signature of a member or authorized representative of a member Signature of a member or authorized representative of a member Shawn A Arnold Typed or printed name of signee Typed or printed name of signee	

Filing Fee: \$25.00