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(Re	equestor's Name)		
. (Ad	ldress)		
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(Cit	ty/State/Zip/Phone	e #)	
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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON
FEB 1 1 2009
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Eric Obokta (Name of Person)
J6MY LLC (Firm/Company)
2551 Drew St #209 (Address)
Clearwater Florida 33765 (City/State and Zip Code)
For further information concerning this matter, please call:
Eric Obrokta at \$3.95/-6607 (Name of Person) at \$3.95/-6607 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) □ \$55.00 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 ARTICLES OF ORGANIZATION OF

J6M	YLLC		
(Name of the Limited Liabilit (A Florida	y Company as it now appears on Limited Liability Company)	0127/07	
The Articles of Organization for this Limited Liability	Company were filed on	and assigned	
Florida document number 4070000	21598	•	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and end with the wo	ords "Limited Liability Company,"	the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)	0 <u>DN</u>	
		9 FI	
	- 	B ZR	
Enter new mailing address, if applicable:		SECRETARY OF SIATIONS OPFEBIO AMII: 02	
• • • • • • • • • • • • • • • • • • • •			
(Mailing address MAY BE A POST OFFICE BOX)		AM II:	
		: 02	
B. If amending the registered agent and/or registered agent and/or the new registered office add			
Name of New Registered Agent:	·		
New Registered Office Address:			
	(Enter Florida street address)		
<u></u>		, Florida	
	(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 amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

<u> Title</u>	Name	Address	Type of Action
	Eric Obcokta		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.)	
			SECRETARY OF SECRETARY OF CORF
Dated	2-3-09.		CORPORATIONS O AMII: 02
	Mile Of Signature of a membe	r or authorized representative of a member	
	Midnel Yousset	or printed name of signer	

Page 2 of 2

Filing Fee: \$25.00