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B. BOSTICK JAN **2 6** 2012

**EXAMINER** 

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT: JR AOVERTISIN Name of L	JG UC Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are	submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Kami	ADUEL Name of Person	
JB ADV	ERTISING, LLC Firm/Company	
15213	17th PLOCE NORTH	
LOXAHATC,	HEE FL 33470 City/State and Zip Code	12 JA
E-mail aduze	ss: (to be used for future annual report notification)	2.1
For further information concerning this matter, plea	ise call:	
V - ' 0 11 - 0	5.1. 7.0. 111.	
Mami Halee	at Obl Od III	<u> </u>
Name of Person	Area Code & Daytime Telephone Number	5.5 10A
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\bigcup\$\$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	te of Status &
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

Name of the Limited Liability Compan (A Florida Limited Limite	y as it now appears on our records.) iability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L0700030145</u>	were filed on <u>03 20 07</u>	and assign	ed
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:		
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "	LLC" or the abbr	eviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	15213 17th Pla Loxahatchee By	6 N 33470	7
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	15213 77th Pla Loxanatcher F1	le N 3347	<u></u>
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		the name of th	<u>ie new</u>
Name of New Registered Agent:		7: 7:	
New Registered Office Address:	Enter Florida street ada	lress 🛇	
	, Florida		
New Registered Agent's Signature, if changing Registered Agent:	City	<b>Zip Code</b> 52	1-12 2-rig

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 **Type of Action Title Name Address** ☐ Add Remove ☐ Add Remove ☐ Add Remove \_\_\_ Add Remove  $\prod$ Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) or authorized representative of a member Typed or printed name of signee

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Filing Fee: \$25.00