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(Re	equestor's Name)	
(Åc	ddress)	
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(Cit	ty/State/Zip/Phone	· #)
PICK-UP	MAIT WAIT	MAIL
·	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer: A. LL	JNT
•	JAN 24	2008
EXAMINER		

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SECRETARY OF STATE LLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section ' Division of Corporations
SUBJECT: J& J Lut & Entury 1365, LLC (Name of Limited Liability Company)
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ahita Hay COOK (Name of Person)
J+J LUTZ ENTERPRISES, LLC
599 marisol pr.
newsmyrna Beach, FL (City/State and Zip Code)
For further information concerning this matter, please call: ANIHA HAVCOOK at 386 427-837 28 2
(Name of Person) (Area Code & Daytime Telephone New Der)
Enclosed is a check for the following amount: \$\begin{align*} \begin{align*} \be
(additional copy is enclosed) 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

	J Lut 7 Contemprises Liability Company as it now appears on our records.) Florida Limited Liability Company)	I, LLC			
		~~~			
The Articles of Organization for this Limited Lia Florida document number	ability Company were filed on May 14, 20	2 and assigned			
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of the limited liability company here:					
	ALS:	700			
L.L.C."	n the words "Limited Liability Company," the designation	- L JAN 22			
	r registered office address on our records <u>rente</u>	the name of the new			
registered agent and/or the new registered off	lice address here:	° (C)			
	P T	2.			
Name of New Desistered Assets	Dhita HOVING	0			
Name of New Registered Agent:	THE THE COURT				
New Registered Office Address:	<u> 344 Marisol Dr.</u>				
	(Enter Florida street d	nddress)			
	newsmyrna blackflorida	<i>32168</i>			
	(Cily)	(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.

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:

Title	Name nnita Llaurant	Address 6917 41 Homos	Type of Action		
1)(5K11)	Anita Haycook	newsmyrna B	Add Remove		
			Add Remove		
			Add Remove		
			Add  Remove		
	<del> </del>		JAN 22 Pamove		
<del></del>			FLORIDE Add Remove		
D. If amend	ling any other information, enter change Changing perce Two was a line of the change	s) here: (Attach additional sheets, if Maglo OF LLC	necessary.) MUMbles.		
<u></u>	risten Lutz - me Hita Hayrook - mo	Rm = 30% (regi	stered agant-new		
Dated	July 12 - m6 January 17 . 20	RM = 20% 07. and Harol	d Haylook=20% mgRm		
	Anita	r authorized representative of a member  HOW HOW  printed pame of signee			
Page 2 of 2					

Filing Fee: \$25.00