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B. KOHR

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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: JAX PU 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:
ALE ESANDE OSIN Name of Person
JAX PH, LLE Firm/Company
P.O. Box 9649 Address
JACKSON VILLE, FL, 32208 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ALG KSANDA. OSIN at 904 994-1234 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$30.00-Filing Fee & Solutional Copy (additional copy is enclosed) \$55.00 Filing Fee & Solutional Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & 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

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 99/17/2007 Florida document number <u>LO7</u> 000018842 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Zip Code City

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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member Address **Type of Action Title Name** ALEKSHINE DSIN MGRM □ Add Remove ☐ Add Remove Add Remove \square Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Larisa Osina
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

Affidavit

I, ALEKSANAR	OSIN , certify that
I have more than 10% of ownership o	f following company:
JAX PH L	LC
10/25/2010	aluw Onn
date LYUBAV. YOUNG	signature
MY COMMISSION # DD 818949 EXPIRES: November 26, 2012 Bonded Thru Notary Public Underwriter:	Lyuba V. Janny October 25, E010