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Special Instructions to Fili	ng Officer:			
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2010 APR 14 AM D: HI SECRETARY OF STATE

T. CLINE
APR 15 2010
EXAMINER

## **COVER LETTER**

TO:

TO:	Registration S Division of Co			
SUBJE	CCT:	Jason's M	lartini Club, LLC	
5055		0.000	ted Liability Company	
The en	closed Articles of	`Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
			Jason S Turner	
			Name of Person	
		Jas	son's Martini Club, LLC	
٠			Firm/Company	
400 S Sanford Ave		400 S Sanford Ave	2010 TAE	
			Address	CRE
	Sanford, FL 32771			2010 APR 14 AM 10: 41 SECRETARY OF STATI TALLAHASSEE, FLORI
			City/State and Zip Code	98 P
		Amano	la@exactplumbinginc.com	FLC ST
For fur	ther information	E-man address: ( concerning this matter, please of	to be used for future annual report notification all:	RIDA
		son S Turner	at (	-2317
	Name	of Person	Area Code & Daytime Tele	phone Number
		the following amount:		
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Divisi P.O. E	LING ADDRESS: ration Section on of Corporations Box 6327 rassee, FL 32314	STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	S

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jaso	on's Martini Club, LLC			
( <u>Name of the Limited Lia</u> (A Flo	ability Company as it now appear orida Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company were filed on		9/04/2007	and assigned	
Florida document number L070009117	<u>"6                                    </u>	-		
This amendment is submitted to amend the followi	ng:			
A. If amending name, enter the new name of th	e limited liability company her	<u>re</u> :		
•	N/A		2011 TAI	
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Compa	any," the designation "	LLC or the abbreviation	
Enter new principal offices address, if applicabl	e: <u>N/A</u>		SSR +	
(Principal office address MUST BE A STREET A	ADDRESS)		mg B	
			5 5	
			70 <b>5</b>	
Enter new mailing address, if applicable:	N/A			
(Mailing address MAY BE <u>A POST OFFICE BO</u>	<u></u>			
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				
Name of New Registered Agent:	Jason S Turner			
New Registered Office Address:	N/A			
-	En	ıter Florida street ad	ldress	
		, 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 Changing Registered Agent, Signature of Naw Registered Agent

Page 1 of 2

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 Address **Title** <u>Name</u> MGR Kathy J Woodward 400 S Sanford Ave ☐ Add Remove Sanford, FL 32771 ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) April 1\$ Dated \_\_\_ X: Signature of a member or authorized representative of a member Jason S Turner Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00