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C. LEWIS

OCT 1 3 2010

EXAMINER

COVER LETTER

Division of Corporations				
SUBJECT: Jeffrey P. Garrahan 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:				
Jeffrey P. Garrahan				
Name of Person				
Jeffrey P. Garrahan Name of Person Jeffrey P. Garrahan LLC Firm/Company				
224 Parkview DR				
Venice FL 34293				
Parkview DR Address Venice FL 34293 City/State and Zip Code 1Pgarrahan & Comcast. net GE-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Londa M. Garrahan at (941) 497-1733 Name of Person Area Code & Daytime Telephone Number				
Enc osed is a check for the following amount:				
\$30.00 Filing Fee \$ Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)				

MAILING ADDRESS:

TO:

Registration Section

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**

FILED

Jeffrey P. Garrah	6.110	2010 OCT 12 PM (\$ 53
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our recor Liability Company)	CHETARY OF STATE
The Articles of Organization for this Limited Liability Compan Florida document number <u>L07000 // 8809</u> .	y were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
NA		
The new name must be distinguishable and end with the words "Lin "L.L.C."	nited Liability Company," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	N/A	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	N/A	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		enter the name of the new
Name of New Registered Agent:	NA	
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	

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

<u>Title</u>	Name	Address	Type of Action
MGRM	Linda M. Garrahan	224 Parkview DR Venice FC 34293	Add Remove
			Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
		-	Add Remove
			Add Remove
D. If amend	ing any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.) —
			ZOIN OCT LA
Dated	Ctube 7 . 20	10.	SEPT TO
	Jeffrey P. Gar Typed	or authorized representative of a member or a han or printed name of signee	ORIDA

Page 2 of 2

Filing Fee: \$25.00