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EXAMINER

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SECRETARY OF STATE

COVER LETTER

Division of Co			
SUBJECT: JPI CO	NTRACTING GROU	JP. LLC	
SCBOLCI,		ited Liability Company)	
The enclosed Articles of	`Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	JONATHAN PYTYNIA		
		(Name of Person)	
	JPI CONTRACTING GR	OUP, LLC	
		(Firm/Company)	
	4071 RAINBOW DRIVE		
		(Address)	
	FORT MYERS, FL 3391	6	
		(City/State and Zip Code)	
For further information of	concerning this matter, please c	all:	
JONATHAN PYTYNIA	<u> </u>	at (239) 213.8806	
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for t	the following amount:		
□ \$25.00 Filing Fec	☑\$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)

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

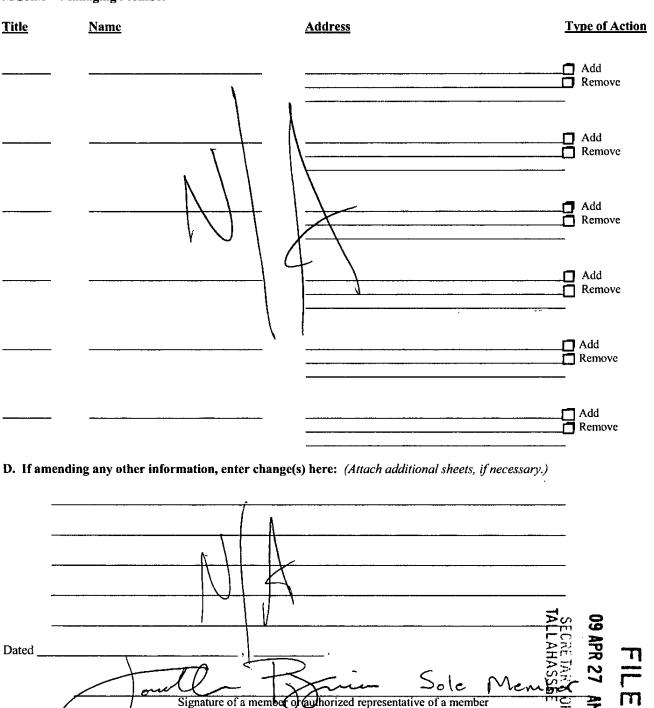
ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I The Articles of Organization for this Limited Liability Company		
	were filed on DECEMBER 7, 2007 and assigned	
Florida document number L07000121968	and assigned	
ionta document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
ONATHAN PYTYNIA, LLC		
he new name must be distinguishable and end with the words "Lim L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	4071 RAINBOW DRIVE	
Principal office address MUST BE A STREET ADDRESS)	FORT MYERS, FL 33916	
Enter new mailing address, if applicable:	4071 RAINBOW DRIVE	
Mailing address MAY BE A POST OFFICE BOX)	FORT MYERS, FL 33916	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		
Name of New Registered Agent:	111	
New Registered Office Address:	(Enter Florida street address)	
	Florida S	
	(City) (Zipscpide)	
New Registered Agent's Signature, if changing Registered Agent	# 27	
	SET A	
hereby accept the appointment as registered agent and ag	ree to act in this capacity. I further agree to capiply who plete performance of my duties, and I am familiat with and	

(If 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:

MGR = Manager MGRM = Managing Member



Page 2 of 2

Typed or printed name of signee

Jonathan

Filing Fee: \$25.00