L07000124208

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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

JUN 1 0 2009

EXAMINER

COVER LETTER

то:	Registration Section Division of Corporations	
SUBJ	TE JACIMIAMI'LLC	
3020	Name of Limited Liability Company	
The er	osed Articles of Amendment and fee(s) are submitted for filing.	
Please	turn all correspondence concerning this matter to the following:	
	Name of Person	
	Name of Person	
	JACI MIDMILLO Firm/Company	
	20947 Sw122PL Address	
	City/State and Zip Code	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For fu	er information concerning this matter, please call:	
	Name of Person at (786) '597-7574 Area Code & Daytime Telephone Number	
Enclos	is a check for the following amount:	
\$25	O Filing Fee \$\ \text{S55.00 Filing Fee & \$\ \text{S60.00 Filing Fee,} \\ \text{Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}	osed)

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



RECEIVED

09 JUN -9 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

June 1, 2009

JORGE GRIJALBA 20947 SW 122 PL MIAMI, FL 33177

SUBJECT: JACI MIAMI LLC Ref. Number: L07000124208

We have received your document for JACI MIAMI LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

Letter Number: 909A00018294

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>Lonobit24208</u> .	were filed on 12-14-2007	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:	
ON CALL ELECTRICAL CO	OMPRNY L.L.C	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLG	C" or the abbreviation
Enter new principal offices address, if applicable:	20947 5W122PL	
(Principal office address MUST BE A STREET ADDRESS)	MIDMI #L . 33177	INF 60
Enter new mailing address, if applicable:		FILE ETARY FOF CO
(Mailing address MAY BE A POST OFFICE BOX)		OF SIAI
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our records, enter the	name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agre	ee to act in this canacity. 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> Address Type of Action JAQUELIN COBA 20947 5m 122 Pl MOR Remove ___ Add __ Remove Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Torge · On LALBA.

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00