

L08000600000045

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

(Document Number)

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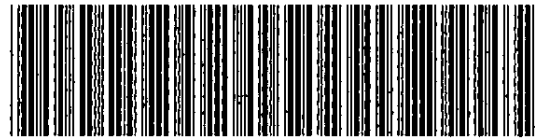
Special Instructions to Filing Officer:

**L. SELLERS**

JUN 19 2008

**EXAMINER**

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2008 JUN 18 PM 2:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Jill Southerland 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:

GARY WEAVER  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

12310 Coyle Road  
(Address)

FT. Myers, FL 33905  
(City/State and Zip Code)

For further information concerning this matter, please call:

GARY WEAVER at (239) 478-3300  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for 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)

**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

FILED

2008 JUN 18 PM 2:46

Jill Southerland LLC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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 January-2-08 and assigned Florida document number 20800000045

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

GARY WEAVER LLC

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)

12310 Coyle Rd.  
Fort Myers, FL  
33905

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12310 Coyle Rd  
Fort Myers, FL  
33905

**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:

GARY WEAVER

New Registered Office Address:

12310 Coyle Rd - ~~Fort Myers, FL 33905~~  
(Enter Florida street address)

Fort Myers, Florida 33905  
(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 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>	<u>Address</u>	<u>Type of Action</u>
MGRM	GREG <sup>ORY</sup> WEAVER E.	1611 Clark Avenue Lehigh Ave, FL 33936	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	RANDALL L. Southerland	12330 Coyle Rd FT. MYERS, FL 33905	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Ryan A. Southerland	12330 Coyle Rd FT. MYERS, FL 33905	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	GOOY WEAVER	12310 Coyle Rd FT. MYERS, FL 33905	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 6/10/08

Jill L. Southerland  
Signature of a member or authorized representative of a member  
JILL L Southerland  
Typed or printed name of signee

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
**FILED**