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2008 APR 16 P 3 48
SECRETARY OF STATE
ALLAHASSEE, FLORINA

COVER LETTER

Division of Corporations			
SUBJECT: JC M&P, 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:			
Philip L. Schwartz, Esquire			
(Name of Person)			
Law Offices Of PL Schwartz, P.A.			
(Firm/Company)			
2000 Glades Road, Suite 208 (Address) (Address)			
(Address)			
2000 Glades Road, Suite 208 (Address) Boca Raton, FL 33431 (City/State and Zin Code)			
(City/State and Zip Code)			
DE 48			
For further information concerning this matter, please call:			
Patti Wilson at (561) 391-9943			
(Name of Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
MAILING ADDRESS: STREET/COURIER ADDRESS:			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JC M&P, LLC		
(<u>Name of the Limited L</u> (A F	iability Company as it now appears on our record lorida Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liab	pility Company were filed on 01/02/2008	and assigned
Florida document number <u>L0800002074</u>	 ·	
This amendment is submitted to amend the follow	ving:	
A. If amending name, <u>enter the new name of t</u>	he limited liability company here:	
JC & MP, LLC	E	*S 2
The new name must be distinguishable and end with "L.L.C."	AHASS	APR I
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records	
Name of New Registered Agent:	LORIDA	8h & D
Name Descriptional OFFice Address.		
New Registered Office Address:	(Enter Florida str	eet address)
	, Flori	ida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Res	zistered Agent:	
I hereby accept the appointment as registered of the provisions of all statutes relative to the pro- accept the obligations of my position as registe being filed to merely reflect a change in the reg company has been notified in writing of this ch	per and complete performance of my duties, a cred agent as provided for in Chapter 608, F.S. gistered office address, I hereby confirm that s	and I am familiar with and S. Or, if this document is
	(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	<u>Address</u>	Type of Action		
	<u></u>		Add		
			Remove		
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D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if	necessary.)		
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Dated		1	<u> </u>		
Dated			and the same of the		
	Signature of a memb	er or authorized representative of a member			
	Philip L. Schwartz, Esquire	d or printed name of signee			
	Туре	d or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00