108000002132

| • |
|---|
| (Requestor's Name) |
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only

G. MCLEOD

JUL 18 2008

EXAMINER



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07/17/08--01028--003 **25.00

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COVER LETTER

| Division of Corporations | | | | | | |
|--|---|--|--|--|--|--|
| _{SUBJECT:} JFeldka | mp LLC | | 8 | | | |
| (Name of Limited Liability Company) | | | | | | |
| | | | | | | |
| The enclosed Articles of A | Amendment and fee(s) are sub- | mitted for filing. | | | | |
| Please return all correspon | idence concerning this matter | to the following: | | | | |
| | | | | | | |
| | Joseph Feldkamp | <u> </u> | | | | |
| | | (Name of Person) | | | | |
| | JFeldkamp LLC | | | | | |
| | | (Firm/Company) | | | | |
| 1047 E. Atlantic Avenue | | | | | | |
| (Address) | | | | | | |
| | Delray Beach, FL 33483 | | | | | |
| | | (City/State and Zip Code) | | | | |
| For further information concerning this matter, please call: | | | | | | |
| Joseph Feldkamp | | at (561) 870-4761 | | | | |
| (Name of Person) (Area Code & Daytime Telephone Number) | | elephone Number) | | | | |
| Enclosed is a check for the | e 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

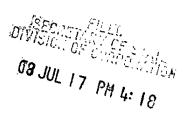
TO:

Registration Section

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



| JFeldkamp LLC | d Liebility Comp | any as it now appears on our records.) | |
|---|--------------------|--|--------------------------|
| (Hame of the Emise) | A Florida Limited | Liability Company) | |
| The Articles of Organization for this Limited I Florida document number £08000002132 | Liability Compan | y were filed on January 7, 2008 | and assigned |
| Florida document number Lobboood2132 | | | |
| This amendment is submitted to amend the fol | lowing: | | |
| A. If amending name, <u>enter the new name c</u> | of the limited lia | bility company here: | |
| N/A | | | |
| The new name must be distinguishable and end w "L.L.C." | ith the words "Lim | nited Liability Company," the designation "l | LLC" or the abbreviation |
| Enter new principal offices address, if appli | cable: | N/A | |
| (Principal office address MUST BE A STRE | ET ADDRESS) | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | N/A | |
| (Mailing address MAY BE A POST OFFICE | (BOX) | | |
| | | | |
| B. If amending the registered agent and registered agent and/or the new registered or | | | the name of the new |
| | | | |
| Name of New Registered Agent | N/A | | |
| New Registered Office Address: | | | |
| | | (Enter Florida street aa | ldress) |
| | | | |
| | | (City) | (7in 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 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> Name | **Address Type of Action** MGRM Kathlein Ambridge 7307 Shell Ridge Terrace **≖** Add Lake Worth, Florida Remove 33467 ☐ Add Remove **ॉ** Add Remove ☐ 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 Feldkamp
> Typed or printed name of signee

2008

Dated July 15

Page 2 of 2

Filing Fee: \$25.00