L08000005308

(R	equestor's Name)		
(A	ddress)			
(A	ddress)			
	,			
(C	ity/State/Zip/Phor	ne #)		
PICK-UP	MAIT	MAIL		
· /R	usiness Entity Na	mal		
(U	usiness Endry Iva	ine)		
(Document Number)				
Certified Copies	Certificate	es of Status		
Special Instructions to Filing Officer:				
	·			
	,			

Office Use Only



200166967652

02/01/10--01009--006 **35.00

10 FEB 23 PH 2: LL

- - - CER 2.3 2010



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 2, 2010

J&E COLLECTION AGENCY LLC ATTN: JUAN JESUS LOPEZ 6800 SW 40TH ST. #480 MIAMI, FL 33155

SUBJECT: J&E COLLECTION AGENCY, LLC

Ref. Number: L08000005308

We have received your document for J&E COLLECTION AGENCY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida profit corporation, but your entity is a Florida limited liability company. Please complete and return the enclosed blank form(s).

Please return 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) 245-6911.

Brenda Tadlock Senior Section Administrator

Letter Number: 110A00002731

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: 38 & COHCHO GHINCHUC 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:					
July Jesus Wolf					
J& E CONFECTION GYENCY UC					
(200) SW 40 St #480					
City/State and Zip Code TWALTS PAUSOUM. OFF					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Name of Person at (300) 2011-0103 Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ 55.00 Filing Fee \$\ \text{Certified Copy}\$ (additional copy is enclosed) \$\text{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 ed Liability Company as it now apply (A Florida Limited Liability Company) now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on Florida document number 4 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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.

City

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>	Name	Address	Type of Action
192	Daisy Dlopet	0320 (019) Way Miahl, 12 33158	Add Remove
			Add Remove
 			Add Remove
D. If amend	ing any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	
			
			
Dated		or authorized retresentative of a member	
		TCQUSHOOLZ- or printed name of Fignee	

Page 2 of 2

Filing Fee: \$25.00