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M. THOMAS

JUL 2 8 2008

EXAMINER

. COVER LETTER

TO: Registration Se Division of Cor			
SURJECT: JL Grea	athouse & Assoc. LL	.C.	
		ited Liability Company)	-
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	James Greathouse		
		(Name of Person)	
	JL Greathouse & Assoc.	LLC.	
		(Firm/Company)	08
	10735 Banfield Dr.		08 JUL 25 AH 10: 4.9 SECTED SECTED AND SECTE
		(Address)	影 3 月
	Riverview, FI 33569		是
		(City/State and Zip Code)	ELOO. P
			ADE S
For further information c	oncerning this matter, please c	all:	
James Greathouse		at (813) 857-5717	
(Name	of Person)	(Area Code & Daytime T	'elephone Number)
Enclosed is a check for the	he 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

JL Greathouse & Assoc. LLC.		
(Name of the Limited Liability C	Company as it now appears on our reconnited Liability Company)	<u>rds.</u>)
(A Florida Lii	inted Liability Company)	
The Articles of Organization for this Limited Liability Cor	npany were filed on January 28, 2008	and assigned
Florida document number L08000011516	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
		0
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		THE IS
(Principal office address MUST BE A STREET ADDRE	(SS)	AM IO: 49
		Trop of
		\$ 15 to
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register		enter the name of the new
registered agent and/or the new registered office addre	<u>ss here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida si	treet address)
	, Flo	rida
	(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)

MGR = M MGRM =	anager Managing Member	•	
<u> Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			
			Add Remove
			Add Remove OF STATE
			Add Frogram Removed Control Re
			Add Remove
	nding any other information, en	ter change(s) here: (Attach additional sheets, if necess	ary.)
<u> </u>	Biorgia Blaga-Greathouse		
-			
Dated <u>Jun</u>	e 23 Signature 6	f a member of autility to a member	
	James Greath	rouse Typed or printed name of signee	

• If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00