

L08000020061

(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:

**A. LUNT**

MAY 20 2009

**EXAMINER**

Office Use Only



100153411251

04/30/09--01005--004 \*\*25.00

FILED

2009 MAY 19 PM 1:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FF \$25



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 30, 2009

JUDY LYNN PIERSALL  
1812 SE CROWBERRY DR.  
PORT ST. LUCIE, FL 34983

SUBJECT: J P INTERPRIZES LLC  
Ref. Number: L08000020061

We have received your document for J P INTERPRIZES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 609A00014627

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Wallpapering by J.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:

Judy Lynn Piersall  
(Name of Person)

Wallpapering by J.P.  
(Firm/Company)

1812 SE Crowberry Dr.  
(Address)

Port St. Lucie, FL 3498  
(City/State and Zip Code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 MAY 19 PM 1:31

FILED

For further information concerning this matter, please call:

Judy L. Piersall <sup>cell</sup> at 772 708-6562  
(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  
2009 MAY 19 PM 1:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JP. Interprizes LLC.

(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 2-18-2008 and assigned  
Florida document number 608000020061

I.R.S. EIN # 80-0152790

This amendment is submitted to amend the following:

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

Wallpapering by J.P. 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)

Judy L Piersall  
1812 SE Crowberry Dr  
Port St Lucie, FL 34983

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Judy L Piersall  
1812 SE Crowberry Dr  
Port St Lucie, FL 34983

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:

Judy Lynn Piersall

New Registered Office Address:

1812 SE Crowberry Dr

(Enter Florida street address)

Port St Lucie, Florida 34983  
(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.

Judy Lynn Piersall  
(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>
owner sole proprietor	Judy L Piersall	1812 SE. Crowberry Dr Port St Lucie, FL 34983	<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input 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 May 6, 2009

Judy Lynn Piersall  
Signature of a member or authorized representative of a member

Judy Lynn Piersall  
Typed or printed name of signee

2009 MAY 19 PM 1:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED