## L080000 24217

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SECHETARY OF STATE HS DIVISION OF CORPORATIONS

J. BRYAN

JUL 28 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Sec Division of Corp				
SUBJECT:	Andrea, LL (Name of Lim	ited Liability Company)		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		0 VV.
	Frank W 780s	(Name of Person)  CINDERGY Blac (Firm/Company)  White Constant Con	4	OB JUL 25 PH 1: 15
For further information co	oncerning this matter, please ca	all:		
Joel Mc (Name o	Tag ve	at ( <u>954 ) 4 7 4 -</u> (Area Code & Daytime	9000 Telephone 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)	S60.00 Filing Fee, Certificate of Sta Certified Copy (additional copy	atus &

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

J-ANDREA, L.L.C.			
( <u>Name of the Limited</u>	I Liability Comp A Florida Limited	any as it now appears on our records.) Liability Company)	1:15 RATURE
The Articles of Organization for this Limited L Florida document number L08000024217	iability Compan	y were filed on March 6, 2008,	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name o	f the limited lia	bility company here:	
J.ANDREA, L.L.C.			
The new name must be distinguishable and end wi "L.L.C."	th the words "Lin	nited Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applic	cable:	n/a	
(Principal office address MUST BE A STREI	ET ADDRESS)	MENTAL MANAGEMENT REPORTED THE RESERVE AND A STATE OF THE	// All All All All All All All All All A
			не и невым виличения повым имеюм и плениописы и и у унускур
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 o			the name of the nev
Name of New Registered Agent:	n/a		
New Registered Office Address:	n/a		
<del></del>		(Enter Florida street d	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)

(Zip Code)

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>	<u>Name</u>	<u>Address</u>	Type of Action
n/a	n/a	n/a	Add □ Remove
			Remove
	-		Add Remove
			D Damestia
	<u>.                                    </u>		□ Damaus
		er change(s) here: (Attach additional sheets, if neces	SECRETARY OF STATE STATE SECRETARY OF CORPORATIONS  08 JUL 25 PM 1: 15
Dated Ma	y 12	, 2008 .	
	Signature of JILL LACHE	a member or authorized representative of a member  Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00