108000027522

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EXAMINER



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06/27/08--01017--012 **25.00

08 JUN 27 FM 1: 5:

COVER LETTER

TO: Registration Se Division of Cor	ection porations	•	
SUBJECT: E. J	ames Holdings LLG (Name of Limi	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:	
	Edward Speno		
		(Name of Person)	
	E . James Holdings LLC		
		(Firm/Company)	
	5036 DR. Phillips suite 1		· · · · · · · · · · · · · · · · · · ·
		(Address)	
	Orlando Florida 32819		
		(City/State and Zip Code)	
For further information of	concerning this matter, please co	ali:	
Edward Speno		at (407) 758 3599	<u></u>
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for t	he following amount:		
\$23.00 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

09 JUN 27 PM 1:55

E.James Holdings 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 I	iability Company	were filed on march 17 2008	and assigned	
Florida document number 108000027522	<u> </u>			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	f the limited liab	pility company here:		
Edward James L.L.C.				
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Company," the design	nation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		5036 DR Phillips Blvd suite 111		
(Principal office address MUST BE A STREET ADDRESS)		Orlando Florida 32819		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and registered agent and/or the new registered of	ffice address her		enter the name of the new	
Name of New Registered Agent:	No Change	<u> </u>		
New Registered Office Address:		(Enter Florida s	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)

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

<u>Title</u>	Managing Member Name	Address	Type of Action
mgr	Edward J Speno	5036 Dr Phillips Blvd Suite 111 Orlando Florida 32819	Add Remove
mgr	Valentina Mironenko	5036 Dr Phillips Blvd suite 111 Orlando Florida 32819	
			Add Remove
D. If ame	nding any other information, enter ch	nange(s) here: (Attach additional sheets, if nece	essary.)
-			
– – Dated <u>Jun</u>	e 26,2008		
	Signature of a med Edward J Speno	mber or authorized representative of a member	•

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Filing Fee: \$25.00