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08 MAY -2 PH 4: 06

J. BRYAN

MAY -5 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Tivi Tan OF Jack Spaville, 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:
Julie Helfman (Name of Person) Tiki Tan of Jacksonville, LLC (Firm/Company) Lolo25 Argle Forest Blvcl 47
Tiki Tan of Jacksonville, LLC.
101025 Argle Forest Blvd 47
Jacksonville Fl 32244 (City/State and Zip Code)
For further information concerning this matter, please call:
Tulie Helfman at (904) 908 - 0000 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$30.00 Filing Fee \$ Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIED ADDRESS.

Registration Section
Division of Corporations
P.O. Box 6327
Tallabases 27 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

			2 P
Tiki Tan OF	Jacksonville	LLC	= 500
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now apported Limited Liability Company	ears on our records.) y)	PH 4: 06
The Articles of Organization for this Limited Liabi	lity Company were filed on	3.27_08	and assigned
_		D-21-00	_ and assigned
Florida document number <u>LOS Occidos 314</u>	127		
	•		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of th	e limited liability company l	<u>nere</u> :	
lan Without Sand	LLC		
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Con	npany," the designation "LLC	or the abbreviation
B. If amending the registered agent and/or	registered office address of	n our records enter the	name of the name
registered agent and/or the new registered office		i out records, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:			
		(Enter Florida street addre:	ss)
_		, Florida	
-	(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

	Name	Address	Type of Action
_			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
_		· · · · · · · · · · · · · · · · · · ·	Add Remove
men	ding any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.)	
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	Quio Neclar	nber or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00