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(Requestor's Name)
(Address)
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(Business Entity Name)
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2008 APR -7 AM 11: 35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

	of Corporations
SUBJECT:	JUK Professional Services LLC (Name of Limited Liability Company)
The enclosed Art	icles of Amendment and fee(s) are submitted for filing.
Please return all o	correspondence concerning this matter to the following:
	S. Robert Sote (Name of Person)
	S. Robert Sote (Name of Person) TVK Professional Services LLC (Firm/Company)
	1339 F. Osceola Pkuy (Address)
	Kissimmer FL 34744 (City/State and Zip Code)
For further inform	ation concerning this matter, please call:
_	Name of Person) at (407) 348 775 7 (Area Code & Daytime Telephone Number)
Enclosed is a chec	k for the following amount:
	cee \$\int_{\text{\$30.00 Filing Fee}}^{\text{\$55.00 Filing Fee}}\$\$ \$\int_{\text{\$55.00 Filing Fee}}^{\text{\$60.00 Filing Fee}}\$\$ \$\int_{\text{\$60.00 Filing Fee}}^{\text{\$60.00 Filing Fee}}\$\$ \$\int_{\text{\$60.00 Filing Fee}}\$\$\$ \$\int_{\text{\$60.00 Filing Fee}}\$\$\$ \$\int_{\text{\$60.00 Filing Fee}}\$
F I F	STREET/COURIER ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Callahassee, 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

JVK Pro	fessional	Services LLC
(<u>Name of the Limited Lin</u> (A Flo	ability Company as it now apported Limited Liability Compan	ears on our records.)
The Articles of Organization for this Limited Liabi	lity Company were filed on _	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company t	<u>nere</u> :
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Con	npany," the designation "LLC" or the abbreviation
B. If amending the registered agent and/or r registered agent and/or the new registered office		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida street address)
	(Cital	, 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.

	7A 20
(If Changing Registered Agent, Si	ignature of New Registered Agent)
	APR -7 RETARY AHASSI
Page 1 of 2	AH I
	RATE 35

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 Title **Address Type of Action** <u>Name</u> Justo Rodriguez Jr. ndd Remove □Add Remove ∏Add Remove ∐Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 4.41.0 € , 200 8 . gnature of a member or authorized representative of a member Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00