

LD8000037294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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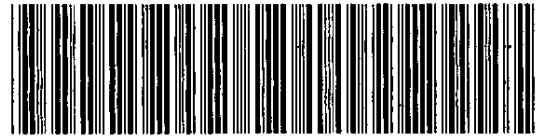
Special Instructions to Filing Officer:

L. SELLERS

JUN 25 2008

EXAMINER

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2008 JUN 23 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Jakin Holdings, 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:

David Adams

(Name of Person)

Sponsler, Bennett, Jacobs & Adams, P.A.

(Firm/Company)

P.O. Box 3300

(Address)

Tampa, Florida 33605

(City/State and Zip Code)

For further information concerning this matter, please call:

David Adams

(Name of Person)

at (813) 272-1400

(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**

Jakin 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 Liability Company were filed on April 14, 2008 and assigned
Florida document number 108000037294.

This amendment is submitted to amend the following:

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

Yellow Highlighter, 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:

1925 East Second Ave.

(Principal office address MUST BE A STREET ADDRESS)

Tampa, FL 33605

Enter new mailing address, if applicable:

P.O. Box 3300

(Mailing address MAY BE A POST OFFICE BOX)

Tampa, FL 33601

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:

New Registered Office Address:

(Enter Florida street address)

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)

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TALLAHASSEE, FLORIDA

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>
MGRM	David W. Adams	1925 East Second Ave. Tampa, FL 33605	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Matthew Peeples	3014 Highway 41 North Suite 700 Tampa, Florida 33606	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Bill Sheridan	3014 Highway 41 North Suite 700 Tampa, Florida 33606	<input type="checkbox"/> Add <input checked="" 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 _____



Signature of a member or authorized representative of a member

David W. Adams, Attorney for Matthew Peeples

Typed or printed name of signee

2008 JUN 23 AM 11:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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