# 60000039370

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## **EXAMINER**

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#### **COVER LETTER**

Division of Co				
SUBJECT: JD	Growth 8	Development ited Liability Company)		
<u>ــــــــ</u>	(Name of Lim	ited Liability Company)		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
•				
	Jack	(Name of Person)		
	<del></del>	(Name of Person)		
	Unte	Coreen Tobs Le	<u> </u>	
	7910 1	(Firm/Company)  Wob Hill Rd H Zoy  (Address)	2009 FEB 10	enor g
			AS B	******
	TAMANA	(City/State and Zip Code)	10 I	
		(City/State and Zip Code)	E E	9 1
"For further information	concerning this matter, please c	all:	) PM 3: 20 ** OF STATE SEE, FLORIDA	*****
TACK DOMAN	DSm	at (954) 4/5-3/16 (Area Code & Daytime T		
(Name	of Person)	(Area Code & Daytime T	elephone Number)	
Enclosed is a check for t	he 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	i)
MAIL	ING ADDRESS:	STREET/COURIER	R ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327
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

<i>,</i>	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company vi Florida document number <u>Lo 7 5000 3 9370</u> .	were filed on $\frac{4/8/2068}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and end with the words "Limite	-IC
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	7910 Nob Hill Rd-# 2059
(Principal office address MUST BE A STREET ADDRESS)	TAMARK FL 33521 5
•	
Enter new mailing address, if applicable:	SSEE OF IN
(Mailing address MAY BE A POST OFFICE BOX)	
	20 Zin 20
B. If amending the registered agent and/or registered offi 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:	

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.

"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

MGR = Manager MGRM = Managing Member **Title** Type of Action <u>Name</u> **Address** 7910 Nob Hill Rd #204 TAMATAC FL 33821 Remove Remove 🗂 Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (WWW. wited Green Jobs WAS formed to "connect" green or environmentally friendly employers with qualified career seekers. We are dedicated to helping the environment and and assisting companes that offer these positions to have mady for individuals/org

100 leing to make

this world a Dated better place, Signature of a member or authorized representative of a member True Donald SUN
Typed or printed name of signee Page 2 of 2

"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:

Filing Fee: \$25.00