~ L08000041161

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
•		
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
,		





600136119536

09/22/08--01016--025 **30.00

2000 SEP 22 PH 4: 15
SEURELARY OF DIVIDE
TALLAHASSEE, FLORIDA

C8.9-23

COVER LETTER

TO: Registration Section Division of Corporations				
		JOHNHYB	11 (.	
SUBJI	ECT:		ted Liability Company)	**************************************
The en	closed Articles of An	nendment and fee(s) are subr	mitted for filing.	
Please	return all correspond	ence concerning this matter t	to the following:	
		John	Regemen (Name of Person) LLC (Firm/Company)	
		\ 1;	(Name of Person)	
		DOHNNY B	LLC	<u> </u>
		315 Altembr.	(Address)	5251es Fl, 33134
			(Address)	4
			(City/State and Zip Code)	100 mars no
For fur	ther information con-	cerning this matter, please ca	di:	
_	LN Beneur	•	705 771 8°	57.8
	(Name of I	Person)	at (305) 721 85 (Area Code & Daytime T	elephone Number)
Enclos	ed is a check for the	following amount:		
□ \$ 25	i,00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
		G ADDRESS: on Section	STREET/COURIER Registration Section	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

FILED

2090 SEP 22 PH 4: 15

	, .	
JOHNNY B	LLC	TÄLLAHASSEE, FLORIDA
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on Clability Company)	our records.)
The Articles of Organization for this Limited Liability Company Florida document number 35 - 2338063.	y were filed on <u>6-10</u> . 08 -411 L	2 - 08 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	TOHN BOONARD LLC
JOHN BREVARD LLC	_	JOHN CASTOLIN I
The new name must be distinguishable and end with the words "Lim"L.L.C."	nited Liability Company," 1	he designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	315 All	HAMBRA CIRCIE
(Principal office address MUST BE A STREET ADDRESS)	(OR2)	6251es F1 33134
		ame)
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address he		ecords, enter the name of the new
Name of New Registered Agent:	SM	e
New Registered Office Address:	S2MI	=
THE WASSERS STREET CHARACTER	(Enter F	lorida 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 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>	Address	Type of Action
			Add Remove
			
<u></u>			Add Remove
			- Domovio
**************************************	***************************************		Add Remove
			Add Remove
			Add Remove
D. If ame	nding any other information, ento	er change(s) here: (Attach additional sheets, if nec	2000 SEP 22 PII 4: 15
	09 - 18 - 08 Signature of	, Zoof.	2000 SEP 22
	S.g.m.dio of	JOHN Brevaro BEG	EMAN C
		Typed or printed name of signee	> 5

Page 2 of 2

Filing Fee: \$25.00