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Special Instructions to Filing Officer:

A. LUNT

OCT 16 2009

**EXAMINER** 

Office Use Only



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## **COVER LETTER**

TO: Registration S Division of Co					
SUBJECT:	JASON	A WILSON LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	ondence concerning this matte	r to the following:			
		JASON A WILSON		7A S	
		Name of Person		2009 OCT 15 SECRETARY ALLAHASSE	ú
	J.	ASON AWILSON LLC		HAS	•••
	·	Firm/Company		P100	ſ
•	19	97 WHITE EAGLE DR.		OF S	<i>r</i> -
		Address	<del></del>	I: 08 STATE LORIDA	£,,,
		VALESKA, GA 30183		<b>&gt; C</b>	
		City/State and Zip Code			
	REALTO	DR@JASONAWILSON.COM to be used for future annual report notificat	ion)		
For further information	concerning this matter, please	call:			
JAS	ON A WILSON	at ( 386 ) 83	37-9380		
Name	of Person	Area Code & Daytime To	elephone 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)	Certified	te of Status &	IX.
Regis	LING ADDRESS: tration Section	STREET/COURIER Registration Section	ADDRESS:	a. sopy as enerosed	,
Divisi	ion of Corporations	Division of Corporation	ons		

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JASON A W		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed onMAY 20, 2008 and assigned	ed
Florida document numberL0800050560		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
JASON ALLAN	WILSON LLC	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation "LLC" or the abbr	eviation
Enter new principal offices address, if applicable:	197 WHITE EAGLE DRIVE	
(Principal office address MUST BE A STREET ADDRESS)	WALESKA, GA 30183	
Enter new mailing address, if applicable:	197 WHITE EAGLE DRIVE	
(Mailing address MAY BE A POST OFFICE BOX)	WALESKA, GA 30183	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:	ffice address on our records, enter the name of the	<u>1e new</u>
	City Zip Code	
Name Designation of America Designation of the major Designation of America	·	

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

**Address Type of Action** Title Name JASON A. WILSON MGR 197 WHITE EAGLE DR. WALESKA, GA 30183 Remove NEW ADDRESS Remove ☐ Add ☐ Remove Remove \_\_\_ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) OCTOBER 12 2009 Dated Signature of a member or authorized representative of a member JASON A. WILSON Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00