L08000054901

(Re	questor's Name)	
. (Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
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GORETARY OF STATE

TLAHASSEE, FLORID

T. HAMPTON

EXAMINER

COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJ	ЕСТ:	FLAJB, LLC		
., .		(Name of Limit	ed Liability Company)	
The en	closed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please	return all correspon	ndence concerning this matter to	o the following:	
		Richard D. Cim		
			(Name of Person)	
		Richard D. Cim	ino, P.A.	
			(Firm/Company)	
		4501 Tamiami T	rail North, Ste. 204	
			(Address)	
		Naples, FL 341	03	
			(City/State and Zip Code)	
For fu	rther information co	oncerning this matter, please ca	ļi: 	
R		mino or Kay Resop	at(239) 262-1202, e	
	(Name o	f Person)	(Area Code & Daytime T	elephone Number)
Enclos	sed is a check for th	e following amount:		
\$2:	5.00 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:

TO:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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SECRETARY O	NII	т
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OF STATE	₽	Ċ
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FLAJB, LLC	P 0	
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L08000054901</u> .	vere filed on 6/4/08 and assigned	I
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"L.L.C."	ed Liability Company," the designation "LLC" or the abbrev	 viatior
Enter new principal offices address, if applicable:	9925 Clear Lake Circle	
(Principal office address MUST BE A STREET ADDRESS)	Naples, FL 34109	
Enter new mailing address, if applicable:	9925 Clear Lake Circle	
(Mailing address MAY BE A POST OFFICE BOX)	Naples, FL 34109	
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:		e new
	, Florida	
	(City) (Zin 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Laura Rubinelli	9925 Clear Lake Circle Naples, FL 34109	Add -Coriec+
MGR_	Frank Rubinelli	9925 Clear Lake Circle Naples, FL 34109	Add - Correct
			Add Remove
D. If amen	nding any other information, enter	change(s) here: (Attach additional sheets, if necessors :	FILEI 08 JUN 12 F SECRETARY OF TALLAHASSEE
Dated	June 9 Signature of a n	2008 Limital member or authorized representative of a member	N 12: 20
	Richard D. Cimino,	Esq., attorney for Member	

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Filing Fee: \$25.00