

L08000059178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

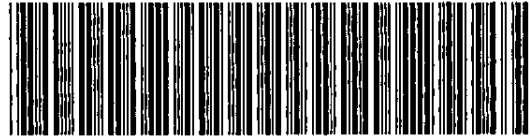
Special Instructions to Filing Officer:

A. LUNT

MAY 21 2011

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2912 MAY 17 PM 1:12

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Jan M. McCray Flemmons PL
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:

Jan M. McCray

Name of Person

Jan M. McCray PL

Firm/Company

463688 SR 200, Ste 1-208

Address

Yulee, FL 32097

City/State and Zip Code

jan@janmccraylaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jan M. McCray

Name of Person

at (**904**)

321-0987

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

RECEIVED
TALLAHASSEE, FL 32301
MAY 17 2012

2012 MAY 17 PM 1:12

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Jan M McCray Flemmons PL

(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 6/16/2008 and assigned
Florida document number L08000059178.

This amendment is submitted to amend the following:

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

Jan M McCray PL

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Jan M McCray

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.

Jan M. McCray
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Jan M McCray	463688 SR 200, Ste 1-208 Yulee, FL 32097	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Jan M McCray Flemmons	463688 SR 200, Ste 1-208 Yulee, FL 32097	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

Dated May 14, 2012, MMG

Jan M McCray
Signature of a member or authorized representative of a member

Jan M McCray

Typed or printed name of signee

FILED
MAY 14 2012
PM 1:12
CLERK OF DISTRICT COURT
JANUARY 17, 2012
ALLAHABAD, FLORIDA