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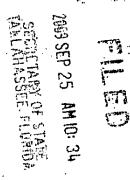
(Requestor's Name)	
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T. CLINE
SEP 2 8 2009
EXAMINER

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	JOE M	CKNIGHT LLC	G
	(Name of Lin	ited Liability Company)	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
		GARY J. HAUSLER	
	•	(Name of Person)	
		ATTORNEY AT LAW	
		(Firm/Company)	<del>.</del>
	6	300 TRAIL BOULEVA	rd
		(City/State and Zip Code)	8
For further information of	concerning this matter, please c	all:	
GARY J. HAUSI	LER, ATTORNEY AT LAW	at (239 ) 594-280	8
(Name	of Person)	at ( 239 ) <u>594-280</u> (Area Code & Daytime T	'elephone Number)
Enclosed is a check for the	ne following amount:		Semilarity of the semilarity o
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Copyl (additional copyl sencional Copyl Status & Certificate Copyl
	ING ADDRESS:	STREET/COURIER	ADDRESS:

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

	JOE MCKN					
( <u>Name of the Limite</u> (	d Liability Compar A Florida Limited I	ny as it now appea	rs on our records.)			
	71 1 fortua Dimitoo E					
The Articles of Organization for this Limited l	Liability Company	were filed on	JUNE 18, 2008	and a	ssigned	
Florida document number L080000601	22					
This amendment is submitted to amend the fol	llowing:					
A. If amending name, enter the new name	of the limited liab	ility company he	<u>re</u> :			
N/A		,				
The new name must be distinguishable and end w "L.L.C."	rith the words "Limi	ted Liability Comp	any," the designation "L	LC" or th	abbrev	iation
Enter new principal offices address, if appli	icable:	N/A				<del></del> .
(Principal office address MUST BE A STRE	ET ADDRESS)				<u> </u>	
	•					
Enter new mailing address, if applicable:		N/A				
(Mailing address MAY BE A POST OFFICE	E BOX)					
				E co	CONT.	
B. If amending the registered agent and	l/or registered of	fice address on	our records, enter t	ne náme		new
registered agent and/or the new registered of	office address here	<u>e</u> :			SEP	
					2	Augunita Avender
Name of New Registered Agent:	N/A				<u> </u>	- <del> </del>
New Registered Office Address:	N/A			-m (1)	₹ -5	) الإداعة المداعة المدارك
· · · · · · · · · · · · · · · · · · ·		(E	inter Florida street add	ress)		.,,-
			. Florida	21- 17-31.17	ဍ	
		(City)	, x tortua	(Zip C	ode)	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	KURT'S POOL SERVICE, INC	1241 FRUITLAND AVE PO BOX 2254 MARCO ISLAND, FL 34146	Add Remove
			Add Remove
			Add Remove
	·		Add Remove
			Add Remove
			Add Remove
D. If amen	ading any other information, enter change	e(s) here: (Attach additional sheets, if necessary	<i>.)</i>
	1241 Fruitland	y .	
	Marco Osland as a member of the	FL 34146	ZEPSEP SEP
Dated	A 1 / -	nN / O.	S Present
	JOSEP	or authorized representative of a member PH ALBERT MCKNIGHT or printed name of signee	AM IO: 34

Page 2.of 2

Filing Fee: \$25.00