## 10800016946

(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:					
`					

Office Use Only



300160707053

09/16/09--01008--009 \*\*25.00

FILED

2009 SEP 16 AM 10: 57

SECRETARY OF STATE
ORIDA

M. THOMAS

SEP 1.7 2009

**EXAMINER** 

## **COVER LETTER**

TO:	Registration Sec Division of Corp	
SUBJE	CT:	Joni's Entertainment Name of Limited Liability Company
		·
The end	closed Articles of A	amendment and fee(s) are submitted for filing.
Please r	eturn all correspon	dence concerning this matter to the following:
		Lawrence Sansone Name of Person
		•
		Joni's Entertainment
		7026 Symter Crossing Dr For &
		TO SOM CHOSSING DI PAGE SON
•		Address PT 9
		North Port FL 34287  City/State and Zip Code  the spindepota hotmail. com  E-mail address: (to be used for future annual report notification)
		City/State and Zip Code
		the spindepota hotmail. com  E-mail address: (to be used for future annual report notification)
For furt	her information co	ncerning this matter, please call:
	Lawrence	e Sansone at 941 716-555L
	Name of	
Enclose	ed is a check for the	e following amount:
<b>X</b> \$25.	00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Lighility Compan	was it now annears an our records
(Name of the Limited Liability Compan (A Florida Limited Li	ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L08000769</u> .U	were filed on August 11, 7008 and assigned
This amendment is submitted to amend the following:	·
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and end with the words "Limite"L.L.C."	
	Jonis Entertainment doa
Enter new principal offices address, if applicable:	The Spin Depot
(Principal office address MUST BE A STREET ADDRESS)	7026 Sumter Crossing Dr
	North Port FL 34287
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	Same as above
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:	ALLEC SEC
New Registered Office Address:	AR SEP
	Enter Florida street address 55 55 Florida
	City Gip Cade
New Registered Agent's Signature, if changing Registered Agent:	D: 57 TATE ORIDA

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 at ending 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 = Man MGRM = M	nager anaging Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Joe Lorenz	2618 Lakeview Blvd Port Charlotte FL 33948	Add Remove
<del></del>			dd Remove
<u>v</u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·	I Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	
		TALLAHA	2009 SEP
Dated	September 1, 20	09. SEE. T. C. F. F. C. F. F. F. C. F.	LED 16 AM 10: 57
		or authorized representative of a member	
	Typed	or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00