## L08000080401

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SECRETARY OF STATE OF CORPORATIONS OF CORPORATIONS

J. BRYAN

SEP 1 9 2008

EXMINER

## **COVER LETTER**

TO: Registration Se Division of Cor	ection porations			
SUBJECT: J & J C.	AULKING LLC		`	-
SUBJECT: OCOU		ited Liability Company)	· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	endence concerning this matter	to the following:		
	THOMAS J MULLAN			
		(Name of Person)		
		(Firm/Company)	·	
	707 SW 53rd TERRACE		080	DIVISION OF COMMENT
		(Address)	EP EP	知
	CAPE CORAL, FL 33914	4-6592	- O	CON
		(City/State and Zip Code)		: 52°
For further information of	oncerning this matter, please c	eall:	08 SEP 18 PM 1.00	F CORPORATIONS
THOMAS J MULLAN		at ( 239 ) 945-2407		
(Name	of Person)	(Area Code & Daytime Te	elephone Number)	
Enclosed is a check for the	ne 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	ľ)
Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	าร	

## ARTICLES OF AMENDMENT TO **OF**

ARTICLES OF ORGANIZATION

(Name of the Limited (A	Florida Limited Lia	ability Company)	il our records.)	
The Articles of Organization for this Limited Life Florida document number <u>L08000080401</u>	iability Company v	were filed on AUGU	ST 21, 2008 and assigned	
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liabil	ity company here:		
The new name must be distinguishable and end win "L.L.C."	th the words "Limite	ed Liability Company	"the designation "LLC" or the abbreviation	
Enter new principal offices address, if applic	able:	6274 N ADDERLY CAY TERRACE		
(Principal office address MUST BE A STREE	T ADDRESS)			
		LAKE WORTH, FL	. 33462-2302	
Enter new mailing address, if applicable:		6274 N ADDERLY	CAY TERRACE	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	LAKE WORTH, FL	_ 33462-2302	
B. If amending the registered agent and/ registered agent and/or the new registered or			records, enter the name of the new	
Name of New Registered Agent:	JOCELYN G B	JOCELYN G BELLEMARE		
New Registered Office Address:	6274 N ADDEF	RLY CAY TERRACE		
		(Ente	r Florida street address)	
·	LAKE WORTH	·	, Florida 33462-2302	
		(City)	(Zip Code)	

## New Registered Agent's Signature, if changing Registered Agent:

J & J CAULKING LLC

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, 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
MGR	JOCELYN G BELLEMARE	6274 N ADDERLY CAY TERRACE	_ <b>r</b> ✓ Add ☐ Remove
		LAKE WORTH, FL 33462-2302	Remove
MGR	JOHN C O'GRADNEY	561 21st STREET SW	Add Remove
		NAPLES, FL 34119	
			Add Remove
			<b></b>
			Add Remove
			<b></b> -
			Add Remove
		,	_
			Add Remove
D 16		and have (treat additional shorts if accessors)	_
D. II ame	nding any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.)	
_			SECRETARY OF ST UNVISION OF CORPOR 08 SEP 18 PM
_			- 8 PI
_			STATE STATE -
_			
Dated SEF	PTEMBER 14 , 20		
	Signature of a file	mber or authorized representative of a member	
	JOCELYN G BELLE	MARE	
	Ty	yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00