608000084156

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2009 MAY IL AM IO: LO
SECRETARY OF STATE

T. CLINE
MAY 15 2009
EXAMINER

COVER LETTER

TO: Registration S Division of Co					
SUBJECT: JV Talent, LLC					
	Name of Limit	led Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	oondence concerning this matter	to the following:			
		Dale Howell			
JV Talent, LLC					
City/State and Zip Code					
	ashley F-mail address: (t	/stewart24@hotmail. o be used for future annual rep	com		
For further information	concerning this matter, please co		,	2009) SECI ȚALL,	
	Dale Howell	at (404)	664-5607 Daytime Telephone Number	AHAY YED	ij
Name	of Person	Area Code &	Daytime Telephone Number	AY I 4 AH IC ETARY OF ST HASSEE, FLC	TEND
Enclosed is a check for	the following amount:			2009 MAY IL AM 10: 40 SECRETARY OF STATE ALLAHASSEE. FLORID	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is 6	enclosed) Certified	te of Status &	

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 Liability Compar (A Florida Limited L	ny as it new appears on our records.) iability Company)			
The Articles of Organization for this Limited Liability Company Florida document numberL08000084156	were filed on09/04/08	B and assigned		
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabi	lity company here:			
The new name must be distinguishable and end with the words "Limit "L.L.C." Enter new principal offices address, if applicable:	ed Liability Company," the designation '	'LLC" or the abbreviation		
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:	Dale Howell	Z009 MAY 14 SECRETARE		
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address here		DF AH D:		
Name of New Registered Agent:				
New Registered Office Address:	Entar Florida street ad	duann		
	Enter Florida street address			
	, Florida	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.

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>Name</u> **Address Type of Action Title MGRM** Dale Howell 6300Brownsville Road ☐ Add Remove Lithia Springs, Georgia 30122 ☐ Remove ☐ Add Remove Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) May 4 2009 Dated ___

Dale Howell

Typed or printed name of signee

Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00