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SECRETARY OF STATE OF STATE OF CORPORATIONS

J. BRYAN

DEC - 1 2008

EXAMINER

COVER LETTER

TO:	Registration Sec Division of Corp				
SUBJI	ест: <u>А</u>	. L. Jeffelsc (Name of Limit	ted Liability Company)		
The en	closed Articles of A	mendment and fee(s) are subr	nitted for filing.		
Please	return all correspon	dence concerning this matter t	to the following:		
		AMANO	A.L.JEFFERSON (Name of Person)		
		A.L.	JGFFELSON LLC. (Firm/Company)		
		1222	Ward Court (Address)		DO NOV 25
		The VIV	loges FL 32/62		26 I
For fu	nther information con	ncerning this matter, please ca	ill:		Confrontations
Δ	HANDA JE.	fferson	at (352) 350 · 67	7-	
	(Name of	Person)	(Area Code & Daytime T	Telephone Number)	
Enclos	ed is a check for the	following amount:			
\$25	5.00 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 Sta Certified Copy (additional copy	itus &
		NG ADDRESS:	STREET/COURIER Registration Section	ADDRESS:	

Registration Section 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

08 HON 20		
	HI1: 04	聖書

	elson LLC	on our records.)
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears a Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on Sex	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here	
The new name must be distinguishable and end with the w "L.L.C."	vords "Limited Liability Compan	y," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Ent	er Florida street address)
	(City)	, Florida(Zip Code)
	(Chy)	(Lip 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 Manage or Managing Member being added or removed from our records:			
MGR = Ma MGRM = N	nnager Managing Member		
<u>Title</u>	Name	Address	Type of Action
VP	CARY S. Jefferson	The V: Hoges, FL 32162	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
·	· · · · · · · · · · · · · · · · · · ·		Add Remove
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessar	y.)
			OB NOV 26
			RY OF STATE
Dated	Signature of a member	er or aluthorized representative of a member	
	^	Teffelson d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00