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M. THOMAS

NOV 18 2008

EXAMINER

COVER LETTER

	•	OVER LETTER	
TO: Registration So Division of Co	ection rporations		
SUBJECT:	JTC Board.	s, LLC ted Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	Ta	(Name of Person)	
	STO	Boards, LLC (Firm/Company)	
	5880 Coll	ins Ave. #1202	DE HOW 17 MAIL: 24
		(Address)	
	Miani Bea	wh, PL 33140	Mon A.
·		(City/State and Zip Code)	
For further information of	concerning this matter, please ca	11:	79
Tara (Name	M Grown	at (<u>858)</u> 534 - 31 (Area Code & Daytime T	'elephone Number)
Enclosed is a check for t	<u> </u>		
\$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)

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

TTC Boards LL	e	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our reco liability Company)	<u>)rds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L0800093731</u> .	were filed on Oct. 62	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the desig	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	7520 NE	4Ct. "9"
(Principal office address MUST BE A STREET ADDRESS)	Miani, FL 33138	De la company de
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florida :	street address)
	FIZ	orida
	(City)	(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 Type of Action **Title Name** Address Tara McGowan Remove ☐ Add Remove Add 🗂 Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) NOV 12+1 2008 Dated_ Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00