L08000102077

(Requestor's Name)				
(Address)				
(Ad	ldress)			
(
(City/State/Zip/Phone #)				
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(Bu	siness Entity Nar	ne)		
(Document Number)				
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COVER LETTER

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Division of Corporations				
SUBJECT: JJ+CJ PROPERTY MANAGEMENT, LLC				
(Name of Limited Liability Company)				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
(Name of Person)				
JJ+CJ PROPERTY MUNITOEMENT, LLC (Firm/Company)				
2215 KEATON CHASE DIL (Address)				
ORANGE PARK, FL 32003 (City/State and Zip Code)				
For further information concerning this matter, please call:				
(Name of Person) at (904) 346-186 (Area Code & Daytime Telephone Number)				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:				
\$25 Filing Fee & Certified Copy				



December 9, 2008

CHARLES JOHNSON 2215 KEATON CHASE DRIVE ORANGE PARK, FL 32003

SUBJECT: JJ & CJ PROPERTY MANAGEMENT, LLC

Ref. Number: L08000102077

We have received your document for JJ & CJ PROPERTY MANAGEMENT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Letter Number: 108A00059703

Neysa Culligan Document Specialist

Division of Corporations - P.O. ROY 6327 Tallahasson, Florida 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	OF	SECRETARY NO.
TTTCT PIZO PEIZT (Name of the Limited Liability Con (A Florida Limite	7 MODIAGEMZA	SECRETARY OF STATE- TALLAHASSEE FLORIDA
(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on or ed Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Comp. Florida document number	any were filed on $10/3$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	•
The new name must be distinguishable and end with the words "L" "L.L.C."	Limited Liability Company," th	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(<u>Principal office address MUST BE A STREET ADDRESS</u>	2	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	JTY CJ PR P.O. BOK FLEMING	8362 13L FL 32006
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		cords, enter the name of the new
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	(Enter Fl	orida street address)
		, Florida
	(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:

	Manager = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
	ending any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)
		FLEMING ISL FL 320	 ,
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•			SET 7
Dated	1)202113212 14, 200 C2)alum	i je	AH IO: 09
		r authorized representative of a member TOITU (OU IV	
	Typed or	printed name of signee	

Page 2 of 2

Filing Fee: \$25.00