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EXAMINER



CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EAST PÅRK AVENUE TALLAHASSEE, FL 32301 FILE SECOND! 222-1173 · FILING COVER SHEET ACCT. #FCA-14 **CONTACT:** KATIE WONSCH DATE: 01/23/2009 **REF. #:** RA2986.98481 CORP. NAME: TRIPLE J MANAGEMENT AND DEVELOPMENT GROUP LLO () ARTICLES OF DISSOLUTION () ARTICLES OF INCORPORATION (XX) ARTICLES OF AMENDMENT () TRADEMARK/SERVICE MARK () FICTITIOUS NAME () ANNUAL REPORT () LIMITED LIABILITY () FOREIGN QUALIFICATION () LIMITED PARTNERSHIP () WITHDRAWAL () REINSTATEMENT () MERGER () CERTIFICATE OF CANCELLATION () OTHER: STATE FEES PREPAID WITH CHECK# 529030 FOR \$ 55.00 **AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:** COST LIMIT: \$____ PLEASE RETURN: () PLAIN STAMPED COPY (XX) CERTIFIED COPY () CERTIFICATE OF GOOD STANDING () CERTIFICATE OF STATUS

Examiner's Initials

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Triple J Management And Development Group LLC. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) L09000007499 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: (Enter Florida street address)

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.

(City)

(If Changing Registered Agent, Signature of New Registered Agent)

. Florida

(Zip Code)

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				
Title	Name	Address	Type of Action	
			Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
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D. Ifaı	nending any other information, enter change((s) here: (Attach additional sheets, if necessary.)	_	
	Article III Should say THE PURPOSE FOR	WHICH THIS COMPANY IS FORMED IS TO	_	
	PROVIDE MANAGEMENT AND CONSULTIN	IG SERVICE TO ANY CORPORATIONS	_	
	PARTNERSHIPS, SOLE PROPRIETORSHIPS	S OR INDIVIDUALS AFFILIATED WITH BUT NO	<u>T</u>	
	LIMITED TO THIS COMPANY THAT ARE EN	IGAGED IN ANY LAWFUL BUSINESS ACTIVITIE	ES	
	ENTERPRISES OR PROJECTS.		- - -	
Dated _	January 23 . 20	09	_	
_	Katie Wons	reh		
	Katie Wonsch	or authorized representative of a member Authorized Representa	itive.	
		r printed name of signee	<u> </u>	

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