

209000019686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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**A. LUNT**

APR 23 2009

**EXAMINER**  
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04/13/09--01011--001 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 APR 22 PM 2:52

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 15, 2009

JOSE CABRERA  
375 MILANO LANE #109  
MELBOURNE, FL 32940

SUBJECT: JCAB LLC  
Ref. Number: L09000019686

We have received your document for JCAB 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 109A00012653

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JCAB, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSE CABRERA  
(Name of Person)  
JCAB, LLC  
(Firm/Company)  
375 MILANO LANE #109  
(Address)  
MELBOURNE FL 32940  
(City/State and Zip Code)

For further information concerning this matter, please call:

José F. CABRERA at (321) 253 1610  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |                                                        |                                                                        |                                                                                                  |                                                                                                                            |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

JCAB, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 2/27/2009 at 2:52 PM in TALLAHASSEE, FLORIDA  
Florida document number 609000019686

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)

375 MILANO LANE  
#109  
MELBOURNE, FL 32940

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)

\_\_\_\_\_, 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:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AGENT OWNER	JOSE F. CABRERA	375 MILAND AVE #109 MELBOURNE, FL 32940	<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

2009 APR 22 PM 2:52  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

MAILING ADDRESS:  
P.O. BOX 410099  
MELBOURNE, FL 32941-0099

Dated 4/18/2009

Jose F. Cabrera

Signature of a member or authorized representative of a member

JOSE F. CABRERA

Typed or printed name of signee