

L09000022741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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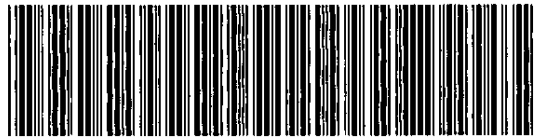
(Business Entity Name)

(Document Number)

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FILED
10 MAR -9 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

MAR 10 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JUDAH PROPERTIES & INVESTMENTS, 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:

SHENITONNIA BRYANT

Name of Person

JUDAH PROPERTIES & INVESTMENTS, LLC.

Firm/Company

POST OFFICE BOX 1239

Address

ZELLWOOD, FL 32798

City/State and Zip Code

JUDAHPROPERTIES@LIVE.COM

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

SHENITONNIA BRYANT

Name of Person

at (**888**)

203-5889

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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**

JUDAH PROPERTIES & INVESTMENTS, LLC.

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on MARCH 09, 2009 and assigned
Florida document number L09000022741.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

1175 LUCERNE DRIVE

SUITE B

MOUNT DORA, FL 32757

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

POST OFFICE BOX 1239

ZELLWOOD, FL 32798

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:

1175 LUCERNE DRIVE SUITE B

Enter Florida street address

MOUNT DORA

City

, Florida

32757

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>
MGRM	SHENITONNIA BRYANT	POST OFFICE BOX 529 TANGERINE, FL 32777	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	FELTON J SMITH	1212 SUGAR PINE ROAD APOPKA, FL 32703	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
	NONE		<input type="checkbox"/> Add <input type="checkbox"/> Remove
	NONE		<input type="checkbox"/> Add <input type="checkbox"/> Remove
	NONE		<input type="checkbox"/> Add <input type="checkbox"/> Remove
	NONE		<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

NONE

Dated MARCH 3, 2010.


Signature of a member or authorized representative of a member

SHENITONNIA BRYANT
Typed or printed name of signee

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TALLAHASSEE, FLORIDA