(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name) .							
,							
(Document Number)							
(Coodineration)							
Codified Coming							
Certified Copies Certificates of Status							

Special Instructions to Filing Officer:

A. LUNT

JUL 17 2009

EXAMINER

Office Use Only



000158253670

07/16/09--01011--008 **30.00

COVER LETTER

TO: Negistration S Division of Co	Section orporations						
SUBJECT:	J & L Vision, LLC						
30000001.							
	f Amendment and fee(s) are sul	-					
		`					
		Jeff Babcock Name of Person					
		SECTION 1					
	J & L Vision, LLC Firm/Company						
		SSER RYI					
	6809 Walden Circle						
		2009 JUL 16 AM II: 37 SECRETARY OF STATE TALLAHASSEE, FLORID					
	Tallahassee, FL 32317						
	iefl	City/State and Zip Code					
	E-mail address: (rbabcock@yahoo.com to be used for future annual report notific	eation)				
For further information	concerning this matter, please of	call:					
	Jeff Babcock	at (_850 _{.)} 3	391-9360				
Name	of Person	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)	Certified	e of Status &			
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited I	J & L Visi Liability Compai Florida Limited L	on, LLC y as it now appears iability Company)	on our records.)				
The Articles of Organization for this Limited Liability Company were filed on						and assigned		
This amendment is submitted to amend the follow	ving:							
A. If amending name, enter the new name of	the limited liab	ility company here	:					
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Compan	y," the designation	on 当LC	, o'The 8	bbreviation		
Enter new principal offices address, if applica	ble:	6809 Walden	Circle	CRE LAH		1		
(Principal office address MUST BE A STREET	ADDRESS)	Tallahassee, F	L 32317	AR ASS				
				E O	2	<u>im</u>		
Enter new mailing address, if applicable:		6809 Walden (Circle	FLORID	1 : 3	D		
(Mailing address MAY BE A POST OFFICE B	Tallahassee, FL 32317							
B. If amending the registered agent and/or registered agent and/or the new registered offi			ır records, <u>en</u> ı	ter the	name o	of the new		
	6900 Walda	on Cirolo						
New Registered Office Address: 6809 Walden Circle Enter Florida street address								
	Tallahassee , Florida			a	32317			
•	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

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Type of Action** <u>Title</u> Name **Address** .□ Add □ Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) New address for MGRM, Jeff Babcock and MGRM, Lisa Babcock 6809 Walden Circle Tallahassee, FL 32317 July 15 2009 Dated_ of a member or authorized representative of a member Teff Babcock
Typed or printed name of signee

· If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00