L09000032966

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SECRETARY OF STATE
SECRE

J. BRYAN

AUG 1 0 2009

EXAMINER

COVER LETTER

TO: Registration S Division of Co		,		
SUBJECT:	JAMAICA	0		
	Name of Limited Liability Company			
	f Amendment and fee(s) are su condence concerning this matte	_	OS AUG. 7 PA II.	
	Ste	ephen J. Padula, Esquire		
	Name of Person			
	Padula & Grant, PLLC			
Firm/Company				
365 East Palmetto Park Road				
		Address		
Boca Raton, FL 33432				
City/State and Zip Code				
	E-mail address:	dula@padulagrant.cor (to be used for future annual repo	ort notification)	
For further information	concerning this matter, please	call:		
	J. Padula, Esquire	at (561)	588-8500	
Name	or reison	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 en	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building		

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Zip Code

JAMAICA EXPRESS, LLC

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

(A Florida Limited Liability Company)

04/06/2009 The Articles of Organization for this Limited Liability Company were filed on _____ and assigned L09000032966 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 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 <u>Name</u> **Address Type of Action** MGR DANIEL ALLIEN 308 WINDMILL PALM AVENUE ☐ Add PLANTATION, FLORIDA 33324 ✓ Remove Remove ☐ Add ☐ Remove Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **AUGUST 4** 2009 Signature of a member or authorized representative of a member

Typed or printed name of signee
Page 2 of 2

STEPHEN J. PADULA, REG. AGENT/AUTHORIZED REPRESENTATIVE

Filing Fee: \$25.00