# L'09000035735

(Re	questor's Name)	<u> </u>
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
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3 JUN 17 PM 12:50

C. LEWIS

JUN 1 8 2013

EXAMINER

### **COVER LETTER**

Division of Corp	porations	τ.	
SUBJECT:	Jobs	ite123. com,	LLC
	Name of Limit	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Coty	L. FOURNIER Name of Person	
	Jobsi.	te 123. com, 1	
	1898 S	W 105 Ave	
		Address	
	Davie	FL 33324 City/State and Zip Code	
	a=+.0	City/State and Zip Code	_
	E-mail address: (t	jobsite 123. Co	on)
For further information co	oncerning this matter, please ca		
Coty	. FOURNIE	R at (954) 931-5	728
Name of	Person	Area Code & Daytime Te	lephone Number
Enclosed is a check for th	e following amount:		
	□\$30.00 Filing Fee &	□\$55.00 Filing Fee &	□\$60.00 Filing Fee,
7 \$25.00 Filling Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

#### MAILING ADDRESS:

TO:

Registration Section

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**

FILED

(Name of the Limited L (A F	sitela	23. com		N 17 PM 12: 50
(A F	lorida Limited Lia	bility Company)	<u>n our records.</u> jwa	。是 原植物
The Articles of Organization for this Limited Liab Florida document number L O 9 O O O			-13-09	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	<u>he limited liabili</u>	ity company here:		
The new name must be distinguishable and end with	JS 45	6, LLC		
The new name must be distinguishable and end with "L.L.C."	the words "Limite	,,	_	
Enter new principal offices address, if applicat	ole:	_ (sar	1e)	
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE Bo	<u>0X)</u>	1898 Davie	SW 10	5 Ave 33324
B. If amending the registered agent and/or registered agent and/or the new registered officered of the new registered of the new rea		ce address on our	records, <u>enter</u>	the name of the new
Name of New Registered Agent:	<u> </u>	oty L. F SW 10	FOURNI	er
New Registered Office Address:	1898	SW 10 Enter	5 AVE Florida street ad	dress
	Davi	e	Florida	33324 Zip Code
		City	, z 1011GH	Zip Code
New Registered Agent's Signature, if changing Re	gistered 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member			FILED				
<u>Title</u>	<u>Name</u>		<u>Address</u>		PM 12: 50	1 7 1	e of Action
MGRM	Harley M	Miller	614	Lauderc	eralla	<u>7</u>	Add
	I		Fort			Lorida	Remove
				3	3301		
						· · · · · · · · · · · · · · · · · · ·	Add
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							Remove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	Coty Fournier + Craig Noble are listed
	Coty Fournier + Craig Noble are listed as MGR. Please correct their titles,
	they should be MGRM.
	<u> </u>
Dated	June 13. 2013.
	Caty L Zoui
	Signature of a member or authorized representative of a member
	Coty L. FOURNIER
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00

FILED 13 JUN 17 PM 12: 50