L09000044144

(Re	equestor's Name)	
(
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	· WAIT	MAIL
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(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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FILED

OP OCT 27 AM D: 33

SECRETARY OF STATE

D. BRUCE

OCT 28 2009

EXAMINER

COVER LETTER

Division of Co	orporations	,		
SUBJECT:	America A	pproved.com, LLC		
		ited Liability Company		•
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	condence concerning this matter	r to the following:		
		Peter Jensen	**************************************	_
		Name of Person		
	Α	merica Approved.com		
		Firm/Company		_
	6900-	29 Daniels Parkway, #107		
		Address		- 78 - 82 - 83
		Ft. Myers, FL 33912		
	_	City/State and Zip Code		127 127 128 138
	maj	ensen76@hotmail.com to be used for future annual report notif	antion\	ूर्व है । इस्ते हैं कि
For further information	concerning this matter, please of	•		Siate 3
	elissa Jensen	at (_919_)	225-3686	
Name	of Person	Area Code & Daytim	e Telephone Numb	er
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)	Certific	iling Fee, cate of Status & ed Copy onal copy is enclosed)
	LING ADDRESS: tration Section	STREET/COURI Registration Section		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



October 15, 2009

PETER JENSEN 872 CYPRESS LAKE CIRCLE FT. MYERS, FL 33919

SUBJECT: AMERICAN APPROVED JOBS.COM, LLC

Ref. Number: L09000044170

We have received your document for AMERICAN APPROVED JOBS.COM, 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):

You failed to make the correction(s) requested in our previous letter.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 509A00033108 Section 10 Secti



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 5, 2009

PETER JENSEN 872 CYPRESS LAKE CIRCLE FT. MYERS, FL 33919-6

SUBJECT: AMERICAN APPROVED JOBS.COM, LLC

Ref. Number: L09000044170

We have received your document for AMERICAN APPROVED JOBS.COM, 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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 009A00032095

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ame (Name of the Limited I	erica Approved.com, LL iability Company as it now appea Florida Limited Liability Company)	C ers on our records.	
he Articles of Organization for this Limited Lia	bility Company were filed on	05/06/2009	and assigned
lorida document number 2001555420	052		
his amendment is submitted to amend the follow	wing:		
. If amending name, enter the new name of	the limited liability company he	re:	
he new name must be distinguishable and end with L.L.C."	the words "Limited Liability Comp	any," the designation "l	LC" or the abbrevia
nter new principal offices address, if applica	ble:		
Principal office address MUST BE A STREET	ADDRESS)	- -	
inter new mailing address, if applicable:	·		FILE B
Mailing address MAY BE A POST OFFICE B	(OX)		D 100 34
3. If amending the registered agent and/or the new registered offi	Ç	our records, <u>enter (</u>	the name of the r
Name of New Registered Agent:	Peter Jensen		
New Registered Office Address:	6900-29 Daniels Parkway		
	E	nter Florida street add	ress
	Ft. Myers	, Florida	33912
	City		Zip Code
ew Registered Agent's Signature, if changing Re	egistered Agent:		

If Changing Registered Agent, Signature of New 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 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:

	Name	Address	Type of Action
			Add Remove
			Damarra
			<u> </u>
			Domovo
			Remove
mend	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if	
			≥
			SOCOT 2:
 Ock	Ober 26, 200	09	FILED OF THE SALES

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00