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SECRETARY OF STATE

M. THOMAS

DEC -1 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
SHAWN T. JETTRIES  Name of Person
JETATRIES AUTONEURS, LIC
1800 EMERALO GREEN CIR Address
OVIEDO FL 32765  City/State and Zip Code
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
For further information concerning this matter, please call:
SHAW JEFFTZIES at (407) 860-517  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)  \$60.00 Filing Fee, 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
P.O. Box 6327 Clifton Building

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JETTTLES A			
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our records.) Limited Liability Company)		
The Articles of Organization for this Limited Liability		and assigned	
Florida document number <u>L 090005</u>	1780		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company," the designation	"LLC" or the abbreviation	
Enter new principal offices address, if applicable:		7. 2	
(Principal office address MUST BE A STREET ADD	RESS)	FE S T	
		THE W	
Enter new mailing address, if applicable:	·	O AM	
(Mailing address MAY BE A POST OFFICE BOX)		111: 111:	
		器 12	
B. If amending the registered agent and/or registered agent and/or the new registered office add		the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida _		
	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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager of Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Type of Action** <u>Title</u> <u>Address</u> <u>Name</u> 1800 EMERICO GREENCIR ROXANNE JETTRES ∏ Add NIEDO, FL 32765 Remove 122 CENTENIAL DR. ☐ Add ☐ Remove Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary, , Zag. Signature of a member or authorized representative of a member JEFFRIES

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee