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| PICK-UP                 | ☐ WAIT                 | MAIL |  |
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|                         |                        |      |  |
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|                         |                        |      |  |
| Certified Copies        | Certificates of Status |      |  |
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| Special Instructions to | Filing Officer:        |      |  |
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FILED
2009 JUN 15 AM 9- 00
SECRETARY OF STATE

A. LUNT

JUN 17 2009

**EXAMINER** 

## **COVER LETTER**

| TO:                          | Registration Sec<br>Division of Corp |   |  |                            |                              |
|------------------------------|--------------------------------------|---|--|----------------------------|------------------------------|
| SUBJI                        | Г <b>С</b> Т•                        | J Flores  | Reporting LLC  |                            |                              |
| 30 031                       | ECT:                                 |   | ed Liability Company   |                            |                              |
| The en                       | closed Articles of A                 | Amendment and fee(s) are sub  | mitted for filing.   |                            |                              |
| Please                       | return all correspon                 | ndence concerning this matter   | to the following:  |                            |                              |
| Debbie Crego  Name of Person |                                      |   |  |                            |                              |
|                              |                                      |   | (value of reison   |                            |                              |
|                              |                                      | De  | bbie's Accounting Svs  | ··                         | <b>4.0 8</b>                 |
|                              |                                      |   | Firm/Company   |                            |                              |
|                              |                                      | 3   | 575 Southside Blvd.  | •                          | 2009 JUN 15 SECRETARY        |
|                              |                                      |   | Address  |                            |                              |
|                              |                                      | ا .   | acksonville, FL 32216  |                            | AN 9: 00 OF STATE EE, FLORID |
|                              |                                      |   | City/State and Zip Code  |                            | STAI                         |
|                              |                                      | s   | elmahidic@aol.com  |                            | DA D                         |
| For fix                      | rther information co                 | E-mail address: (to<br>procerning this matter, please c                         | o be used for future annual report notifi<br>all:  | cation)                    |                              |
|                              |                                      | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |  |                            |                              |
|                              | De<br>Name of                        | bbie Crego  | at ( <u>904</u> )<br>Area Code & Daytimo   | 733-4547                   |                              |
|                              | Name of                              | reison  | Alea Code & Daylink  | s receptione (value)       |                              |
| Enclos                       | sed is a check for th                | e following amount:   |  |                            |                              |
| \$2                          | 5.00 Filing Fee                      | \$30.00 Filing Fee & Certificate of Status                                      | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed   | ) Certified                | te of Status &               |
|                              | Registra<br>Division<br>P.O. Bo      | NG ADDRESS:<br>ation Section<br>in of Corporations<br>ox 6327<br>ssee, FL 32314 | STREET/COURI<br>Registration Section<br>Division of Corporn<br>Clifton Building<br>2661 Executive Ce<br>Tallahassee, FL 32 | n<br>ations<br>nter Circle |                              |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| J Flores R<br>( <u>Name of the Limited Liability Com</u><br>(A Florida Limite                                     | Reporting LLC  upany as it now appear ed Liability Company) | rs on our records.)       | <del> </del>          |               |  |  |
|---|---|---------------------------|-----------------------|---------------|--|--|
| The Articles of Organization for this Limited Liability Compa   | any were filed on   | 06/02/2009                | and assigne           | ed .          |  |  |
| Florida document number L 0900053298  |   |                           |                       |               |  |  |
| This amendment is submitted to amend the following:   |   |                           |                       |               |  |  |
| A. If amending name, enter the new name of the limited l  | iability company her  | <u>·e</u> :               |                       |               |  |  |
| N   | N/A   |                           | <b>z.</b> . 23        |               |  |  |
| The new name must be distinguishable and end with the words "L "L.L.C."   | imited Liability Compa                                      | any," the designation "   | 'Licothor the abbro   | eviation      |  |  |
| Enter new principal offices address, if applicable:   | NA  |                           | AS I                  |               |  |  |
| (Principal office address MUST BE A STREET ADDRESS  | 2   |                           | E C                   | m             |  |  |
|   |   |                           | FS                    | Ö             |  |  |
| Enter new mailing address, if applicable:   | NA  |                           | H 00<br>TATE<br>ORIDA |               |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)  |   |                           |                       | <del></del>   |  |  |
|   |   |                           |                       |               |  |  |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address l |   | our records, <u>enter</u> | the name of th        | <u>ie new</u> |  |  |
| Name of New Registered Agent: Juanita F   | Tores (Same<br>middle                                       | as before                 | e just                | removing      |  |  |
| New Registered Office Address: N/A  |   |                           |                       | <del></del>   |  |  |
| Enter Florida street address  |   |                           |                       |               |  |  |
|   | , Florida   |                           |                       |               |  |  |
|   | City  |                           | Zip Code              |               |  |  |
| New Registered Agent's Signature, if changing Registered Age  | ent:  |                           |                       |               |  |  |

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.

hanging Registered Agent, Signature of New Registered Agent

Page 1 of 2

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Type of Action **Title** <u>Name</u> ☑ Add ¥ MGR Juanita Flores 10120 Geni Hill Circle South Remove Jacksonville, FL 32225 ☐ Add Remove ∏Add Remove ∐Add □Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Only changing middle initial. We want to remove the middle initial from owners name. 2009 June 10 Dated \_\_\_ Signature of a member or authorized representative of a member Juanita Flores 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