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D. BRUCE

JUL 3 1 2009

EXAMINER

COVER LETTER

TO: Registration S Division of Co						
SUBJECT:	J(OBL.LLC				
•	Name of Lim	ited Liability Company				
The enclosed Articles of	f Amendment and fee(s) are sui	bmitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
		RICHARD MARTINO	······································			
		Name of Person				
	<u> </u>	Firm/Company				
4008 DULCINEA BLVD Address				€ ,		
		TAMPA, FL 33613		E.S.	3	,·
		City/State and Zip Code		AR AS	LL 3	7
٠	E-mail address: (to be used for future annual report notific	ation)	SET	-	-
For further information	concerning this matter, please of	call:		OF S	3	
	ARD MARTNNO of Person	at (352) 9	142-3532 Telephone Number		\$5	
		ŕ	·			
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)	Certified	of Status &	ed)	

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
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J. O B L								
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)								
The Articles of Organization for this Limited Liability Company w Florida document number	ere filed on JUNE 5 TO 9 and assigned							
This amendment is submitted to amend the following:								
A. If amending name, enter the new name of the limited liabili								
The new name must be distinguishable and end with the words "Limited	·							
The new name must be distinguishable and end with the words "Limited "L.L.C."	i Liability Company, the designation LLC of the appreviation							
Enter new principal offices address, if applicable:	4008 DULCINEA BLUD							
(Principal office address MUST BE A STREET ADDRESS)	TAMPA, FL 33613							
Enter new mailing address, if applicable:								
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>							
B. If amending the registered agent and/or registered office address on our records, enter the the new registered agent and/or the new registered office address here:								
Name of New Registered Agent:	HARD MARTIND							
New Registered Office Address:	08 DULCINEA BLVD Enter Florida street address							
TAV	(1)PA Florida 33613 City Zip Code							
New Registered Agent's Signature, if changing Registered Agent:								
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as pr	te performance of my duties, and I am familiar with and							

Scenard Martiner

If Changing Registered Agent, Signature of New Registered Agent

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:

MGR = Manager MGRM = Managing Member

Title	<u>Name</u>	LATOME	Address	Type of Action
PRES	LISA		2508 F YUKON TAWNA FL 33604	Add Hemove
<u>P</u>	Richard	Martino	4008 DUICINEA BLUP Tompa, Ft 33613	Add Remove
				Add Remove
			·	Add Remove
				Add Remove
				Add Remove
D. If amendia	ng any other infor	mation, enter change(s	s) here: (Attach additional sheets, if necessary.)	
Dated	July 30, ,	2009.	-i O + i	FILES
·		RICH	authorized representative of a member ARD MARTINO printed name of signee	

Page 2 of 2

Filing Fee: \$25.00