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To:

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: (850)617-6383

From:

Account Name

: TRIDENT TITLE LLC

Account Number: I20090000078

: (561)515-2920

Fax Number

: (561)515-2939

JSPA KW INVESTMENT, LLC

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**EXAMINER** 

No. 0297 P. 2

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## **COVER LETTER**

TO: Registration S  Division of Co					
SUBJECT:	JSPA KW	Investment, LLC			
•	Name of Limi	ted Liability Company		•	
The enclosed Articles o	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	pondence concerning this matter	to the following:			
		Paul A. Krasker		_	
		Name of Person		. •	
	The Law (	Office of Paul A. Krask	er. P.A.		
		Firm/Company	<del></del>	<b>2</b> 007	_
	22	25 South Olive ∧venue	•	2009 SEP 18 SECRETARY TALLAHASS	ļ
Address		- HAS	ب		
	West F	Palm Beach, Florida 30	3401	SEP 18 AM 8: 39 CRETARY OF STATE LAHASSEE, FLORID	[
	City/State and Zip Code		- Frs 8		
	pkra	asker@kraskerlaw.cor	n	冠 3	
	E-mail address: (	to be used for future annual repo	rt notification)		
For further information	concerning this matter, please o	all:			
Pa	aul A. Krasker	<sub>-at</sub> ( 561 )	515-2922		
Name	of Person	Area Code & I	Daytime Telephone Numi	per	
Enclosed is a check for	the following amount:				
<b> ▼ \$25.00</b> Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is en	Certifi closed) Certifi	Filing Fec, cate of Status & ied Copy ional 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 Tallahassee, FL 32301

Sep. 18. 2009 9:29AM HO9000203407 3

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	nvestment, LLC		*********
(Name of the Limited Liability Com (A Florida Limite	ed Liability Company)	((3 04 0at records.)	
The Articles of Organization for this Limited Liability Compa	any were filed on	June 15, 2009	and assigned
Florida document numberL09000057513			
This amendment is submitted to amend the following:	•		
A. If amending name, enter the new name of the limited !	iability company he	<u>re</u> :	
	estment, LLC		
The new name must be distinguishable and end with the words "L"L.L.C."	imited Liability Comp	any," the designation "I	LIE of the Moreviation
Enter new principal offices address, if applicable:			15 TO 10
(Principal office address MUST BE A STREET ADDRESS	2		SSE CO
			mon F
	•		LOSTA SE.
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address in		our records, enter (	the name of the new
Name of New Registered Agent:			• • • • • • • • • • • • • • • • • • • •
New Registered Office Address:			
	E	nter Florida street ada	lress
	<u> </u>	, f'lorida	
	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 or Managing Member being added or removed from our records:

MGR = Ma MGRM = N	nager Aanaging Member		
<u> Title</u>	<u>Name</u>	Address	Type of Action
***************************************			parag _
-			
			Remove
			TO Add To Remain 39
			<b>□</b>
D. If amen	ding any other information,	enter change(s) here: (Attach additional sh	eets, if necessary.)
	<del>11</del>		
_	September 18	2000	
Dated	September 16		
	Signature	of a member or authorized representative of a n	nember
		Paul A. Krasker	
		Typed or printed name of signee	*

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Filing Fee: \$25.00