

**L09000077455**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

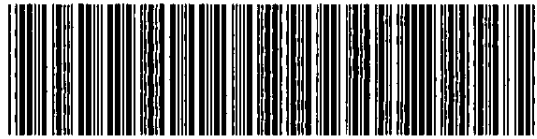
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**2010 JAN 21 PM 3:19**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**C. LEWIS**  
**JAN 22 2010**  
**EXAMINER**

Law Office of  
**Richard D. Cimino, P.A.**

9130 Galleria Court  
Suite 311  
Naples, Florida 34109

Telephone (239) 254-0847  
Facsimile (239) 254-0762

Richard D. Cimino, Esq.\*  
email: dick@rcimino.com

*\*Also admitted in Nebraska and Kansas*

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January 18, 2010

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

RE: ***Jimbers, LLC***

Dear Division of Corporations:

Please find enclosed for filing with the State, a Cover Letter and Articles of Amendment to the Articles of Organization for Jimbers, LLC, a Florida limited liability company originally filed August 12, 2009 under Florida document number L09000077455.

Also enclosed is a Western Union Money Order payable to the Florida Department of State in the amount of \$25.00 for the required fee, along with a self-addressed, stamped envelope for returning the filing receipt/letter of acknowledgment to the undersigned.

Thank you for your assistance. Please contact my office at the telephone number on this letterhead, with any questions.

Very truly yours,  
**Signed in Mr. Cimino's absence  
to expedite delivery.**

Richard D. Cimino

RDC/kr  
enclosures  
cc: Client

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Jimbers, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Richard D. Cimino, Esq. (239) 254-0847

Name of Person

Richard D. Cimino, P.A.

Firm/Company

9130 Galleria Court, Suite 311

Address

Naples, FL 34109

City/State and Zip Code

dick@rcimino.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard D. Cimino, Esq.

Name of Person

at ( 239 )

254-0847

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,  
Certificate of Status &  
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  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2010 JAN 21 PM 3:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Jimbers, LLC

(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 were filed on August 12, 2009 and assigned  
Florida document number L09000077455.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

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 or Managing Member being added or removed from our records:**

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	James Dugan	4131 Bonita Beach Road Bonita Springs, FL 34134	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 1/18, 2010  
Kimber Phillips  
 Signature of a member or authorized representative of a member  
Kimber Phillips  
 Typed or printed name of signee

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 2010 JAN 21 PM 3:19  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA