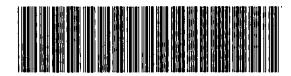
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S. HAWKES

JUL 7 2010

EXAMINER

COVER LETTER

TO: Registration Sect			•	
Division of Corpo	orations .	•	. 1	
SUBJECT:	JUNKOROD	LLC		
	Name of Limi	ted Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	MARKS	Sage	;	
•		Name of Person	,	_
	JUNKOSOO	,uc	, , , , , , , , , , , , , , , , , , ,	
		J Firm/Company		
	P.O. Box	1327	:	 .
	•	Address		
	Palm Ho	City/State and Zip Code	682	
	^ ^~		and ca	• •
	E-mail addless: (CFLORIDAEU to be used for future annual repor	t notification)	<u>~</u> (
For further information con	ncerning this matter, please of	call:		
Mark Name of	Sag E Person	at (<u>727) 48</u> Area Code & D	7-8435 Daytime Telephone Nur	nber
Enclosed is a check for the	following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00	Filing Fee,
74	Certificate of Status	Certified Copy (additional copy is end	Certi	ficate of Status & fied Copy tional 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

JUDKERO	o. LLC	:	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears o Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>LO9000079497</u>	y were filed on	8/18/09	and assigned
This amendment is submitted to amend the following:		بين. پين	,
A. If amending name, enter the new name of the limited lia	bility company here:	100 mg	
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company	," the designation "LLC"	or the abbreviation
Enter new principal offices address, if applicable:			100 P
(Principal office address MUST BE A STREET ADDRESS)			271.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		r records, <u>enter the r</u>	name of the new
Name of New Registered Agent:		The state of the s	
New Registered Office Address:	Eutor	r Florida street address	· · · · · · · · · · · · · · · · · · ·
	Enter		
	City	, Florida 	ip 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:

<u>itle</u>	<u>Name</u>	Address	Type of Act
16R.	Thomas P. Rossi III	1066 Rushmore DRIVE Holloay, FL 14690	Add Remove
MUR	Michelle R. Suprevault-Rossi	1066 Rushmore DR. Holipsy, FL 34690	Add Remove
			Add Remove
		The state of the s	Add Remove
			Add DRemove
		1	Add
. If ame	nding any other information, enter change	e(s) here: (Attach additional sheets, if necessary,	-
-			
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ated	6/24 ,201		

Page 2 of 2

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