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J. BRYAN SEP 1 4 2009 EXAMINER

COVER LETTER

TO:	Registration S Division of Co	ection rporations			
SUBJI	ECT:	Name of Limi	ted Liability Company		
The en	closed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please	return all corresp	ondence concerning this matter	to the following:		
-			Pupello Name of Person Pupello Firm/Company		O9 SEP 11 AM 11: 19 SECRETARY OF STATE SALLAHASSEE, FLORID
•		(001	Address	Flwy	LSTAT H: H:
		TAM JOUD E-mail address (1	PA FLA 3360 City/State and Zip Code CIIO 1 C Gma. 1 Code to be used for future annual report notifica	~om	Dr. W
For fur	ther information	concerning this matter, please c	all:		
_2	oe Poe Name	110 of Person	at (<u>813) 677 - 6</u> Area Code & Daytime T	72 L elephone Number	_
. /	ed is a check for t	he following amount: \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate o Certified Co (additional o	of Status &
		ING ADDRESS:	STREET/COURIER Registration Section	R ADDRESS:	

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

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JP	UP LLC		
(<u>Name of the Limited Liabi</u> (A Floric	ity Company as it now appe la Limited Liability Company	ars on our records.))	
The Articles of Organization for this Limited Liability Florida document number L0900068365		8/31/2009	and assigned
This amendment is submitted to amend the following			
A. 'If amending name, enter the new name of the li	mited liability company h	ere:	
The new name must be distinguishable and end with the vull.L.C."	words "Limited Liability Com	pany," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD.	DRESS)		JAS 0
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			9 SEP 11 AM11: 19 CRETARY OF STATE LAHASSEE, FLORID.
B. If amending the registered agent and/or regregistered agent and/or the new registered office a		our records, enter	
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street ad	dress
	City	, Florida	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 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 = M MGRM =	lanager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>MGRM</u>	TRACY A. Pupello	Lool S. Dale mabry Huy	AddRemove
<u>MGRM</u>	Kyle papello	1001 S. Dale malry Hur	Add Remove
•			Add Remove
•			Add Remove
			Add Remove
			Add Remove
D. If ame	nding any other information, enter chang	e(s) here: (Attach additional sheets, if necessar	v.)
-			P SECRETARY
 	91912009	A. 10	LED AMII:19
	Signature of a member	or authorized representative of a member	
	Typed	br printed name of signee	

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Filing Fee: \$25.00