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(Requestor's Name)
(Address)
(Address)
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PICK-UP WAIT MAIL
:
(Business Entity Name)
(Document Number)
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G. MCLEOD

OCT 15 2009

EXAMINER



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COVER LETTER

TO:	Registration Sectorial Division of Corporate C			
SUBJI	ECT:	Jah	lov	
		Name of Limit	ed Liability Company	
The en	closed Articles of A	mendment and fee(s) are subt	mitted for filing.	
Please	return all correspon	dence concerning this matter t	to the following:	
•			essica Beck,	Evd_
			Name of Person	
			Firm/Company	·
٠	,	1001	Bluegrass	Dr.
	•	6 no.	City/State and Zip Code	3473 G
			City/State and Zip Code	34736 e g pail, com
For fur	ther information co	ncerning this matter, please ca	dl:	
	Dessica Name of I	Becker	at (352) 429 - Area Code & Daytime T	- 552 \(\text{Clephone Number} \)
Enclos	ed 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

(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 _ Florida document number <u>L09000 9.335.</u>4 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

Zip Code

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>	Type of Action	
· · · · · · · · · · · · · · · · · · ·			Add Remove	
	***************************************		Add Remove	
			Add Remove	
 	**************************************		Add Remove	
			Add Remove	
	·		Add Remove	
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)		
				
Dated		Bicker 1		
	Signature of a member	or authorized representative of a member		

Page 2 of 2

Filing Fee: \$25.00