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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

The enclosed Articles of	Name of Limi TY WORK Amendment and fec(s) are sub ondence concerning this matter	omitted for filing.	
Veronica -	Johnson	Name of Person	
		Firm/Company	
500 W. Black	Kjack Branch	WayAddress	·
st. Johns	FL 3225°	City/State and Zip Code	
For further information c	concerning this matter, please c	all:	•
Veronicana	Ohn50 W	at (504) 338 - Area Code & Daytime To	1658 elephone Number
Enclosed is a check for the	he 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)
Registi Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURIER Registration Section Division of Corporation Clifton Building	

Division of Corporations
Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 November 30, 2009, and assigned Florida document number L 09000113 10 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:
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)
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: VERONICA JOHNSON
New Registered Office Address:
300 W BLACKJACK BRANCH WAY , Florida
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

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If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member

Title Name Address Type of Action

MGRM VERONICA JOHNSON 300 W BLACKJACK BRANCH WAY

St JOHNS FL 32259

MGRM CLIFF JOHNSON 300 W. BLACKJACK BRANCH WAY

St. JOHNS FL 32259

Add Remove

Address Type of Action

Type of Action

Add Remove

Address Type of Action

Type of Action

Add Remove

Address Type of Action

Add Remove

Add Remove

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

RETROACTIVE (90) NENETY DAYS (DEC 10 2009)

Dated_ MARCH 10 -- 2010 ...

Signature of a member or authorized representative of a member

VONDICA JOHNSON

Typed or printed name of signee

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Filing Fee: \$25.00