L09000114619

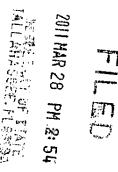
(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
•				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
A. LUNT				
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EXAMINER				

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COVER LETTER

TO: C Registration S Division of Co					
SUBJECT:	Jarl	ock ill			
	Name of Lim	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	oondence concerning this matter	to the following:			
	Jo	nathan Jarlock Name of Person			
		Name of Person			
		Jarlock LLC Firm/Company			
		NW 18th Manor Address	ار مرحد المرحد المرحد المرح	2011	
		Address	9, a., 17, 17, 17, 17, 17, 17, 17, 17, 17, 17	i ii	L/Inc.
	Gr	al Springs, FL 33071	(5) (5) (7) (6) (7) (7)	28	And the same of th
		City/State and Zip Code iarlock. 1/29 mail. Ca be used for future annual report notifica	tion)	2011 HAR 28 PM 2: 54	
For further information	e-mail address: (concerning this matter, please of		tion) Section 25	1 5	
	-	at (954) 729-639 Area Code & Daytime T	90		
Name	of Person	Area Code & Daytime T	Celephone Number	-	
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee Certificate of S Certified Copy (additional copy	tatus &	sed)
MAII	LING ADDRESS:	STREET/COURIE	R ADDRESS:		

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Jarloci	L LLC
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compa	any were filed on Warch 23,2011 and assigned
Florida document number <u>L09000114619</u>	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
Jarlock Enter	prises LLC
The new name must be distinguishable and end with the words "L "L.L.C."	prises LLC imited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	201
Enter new mailing address, if applicable:	MAR 2
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter the fiame of the new nere:
Name of New Registered Agent:	Jonathan Jarlock
New Registered Office Address:	1504 NW 18th Manor
	Enter Florida street address
Cora	Jonathan Jarlock 1/504 NW 18th Manor Enter Florida street address Springs , Florida 37074 City Zip Code
New Registered Agent's Signature, if changing Registered Age	
Age	

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 = Ma MGRM = N	nnager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			 ∏ Add
			Remove
			Add Remove
			Add Remove
			So Add Remove
		r Si	Manage Parket
			Remove
D. If amen	4	ge(s) here: (Attach additional sheets, if necessar	y.)
_			
_			
Dated	March 21, 20		
	Signature of a member	or authorized representative of a member	
		athan Jarlock d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00