

L100000019534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

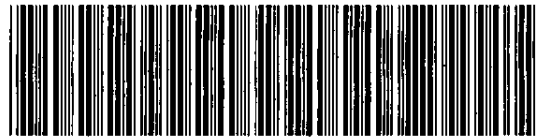
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600170677646

03/01/10--01037--005 **25.00

FILED
10 MAR - 1 PM 12: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 151 JENNIFER LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DIANE KAY
Name of Person

Firm/Company

409 N POINT RD, #1003
Address

OSPREY, FL 34229
City/State and Zip Code

STANDEAN1@VERIZON.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DIANE KAY at (**941**) **586-4546**
Name of Person Area Code & Daytime Telephone Number

Enclosed 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
266i Executive Center Circle
Tallahassee, FL 32301

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> | <u>Type of Action</u> |
|--------------|--------------------|---|--|
| MGR | TRACY D KELLEY | 905 CAMELOT LANE LAKELAND, FL 33813 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGR | DIANE KAY | 409 N POINT RD. #1003 OSPREY, FL 34229 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGRM | THOMAS S. DEAN, SR | 409 N POINT RD #1003 OSPREY, FL 34229 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

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

FILED
 10 MAR - 1 PM 12: 15
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated FEBRUARY 24, 2010

Diane Kay
Signature of a member or authorized representative of a member

DIANE KAY
Typed or printed name of signee