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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations

CT & J ENTERPRISES, 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:

THOMAS S. JONES

Name of Person

Firm/Company

1396 FOREST ACRES DRIVE

Address

THE VILLAGES, FLORIDA 32162

City/State and Zip Code

CBJ1396@embarqmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THOMAS S. JONES

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 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida	ty Company as it now appears on ou Limited Liability Company)	er records.)
The Articles of Organization for this Limited Liability Florida document number L1000028212	Company were filed on 03/15/2	010 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
THOMAS S. JONES, LLC		
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company," the	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		- manualati-
(Principal office address MUST BE A STREET ADD	PRESS)	- <del>2</del> 3
		AHAS PR
Enter new mailing address, if applicable:		SER 8
(Mailing address MAY BE A POST OFFICE BOX)		70 3 1
		STATE LORIDA
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flor	rida street address
		_, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

CT & J ENTERPRISES LLC

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 Changing Registered Agent, Signature of New Registered Agent

1 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	nager Ianaging Member	per	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
	·		Add
			Remove
			Add
			SELE APR
			IPR 18
			SEE, FLORIDA
			Remove
			Add
			Remove
			Add
			Remove

If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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ed	
	homas on
	Signature of a member or authorized representative of a member
	THOMAS S. JONES

Page 3 of 3

Filing Fee: \$25.00

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SECREJARY OF STATE
JALLAHASSEF FERRATE