## L10000029072

. (Re	equestor's Name)			
(Ac	ddress)			
(Ac	idress)			
(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



200180206672

05/05/10--01034--016 \*\*43.75

06/02/10--01001--016 \*\*11.25







## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 7, 2010

JIMMY MICHEL
ESTATE OF JIMMY MICHEL HOLDING GROUP, LL
PO BOX 14693
FORT LAUDERDALE, FL 33302

SUBJECT: ESTATE OF JIMMY MICHEL HOLDING GROUP, LLC

Ref. Number: L10000029072



We have received your document for ESTATE OF JIMMY MICHEL HOLDING GROUP, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$11.25.

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

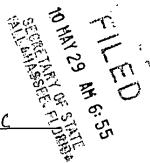
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 510A00011503

## · ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ESTATE OF JIMMY MICHEL HOLDING GROUP, LL(

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

`			1	
The Articles of Organization for this Limited Liability C	ompany were filed on	March 16,00	20/0 and assigned	
Florida document number <u>L10000029072</u>	_•			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company	here:		
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Co	ompany," the designati	on "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	65	11 NOVA DE	rive #214	
(Principal office address MUST BE A STREET ADDI	ress)	II NOVA DE AVIE, FL	<u>33317</u>	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office add		on our records, <u>en</u>	ter the name of the nev	
Name of New Registered Agent:				
New Registered Office Address:				
	•	Enter Florida street address		
		, Florid		
	City		Zip Code	

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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Ma MGRM = N	nager Managing Member		
<u>Title</u>	Name Intercontinental	<u>Address</u>	Type of Action
MGRM	Aboriginal Union	U.S. Post Office 1 Salem RD BOX=#2015 Willingborn, NJ 08046	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	nding any other information, enter cha	ange(s) here: (Attach additional sheets, if necessa	ry.)
_			SEVEREIL
_			29 AM
Dated/	May 25 , 2	1010 UM	6: 55 STATE
		iber or authorized representative of a member  ### ## ## ## ## ## ## ## ## ## ## ## #	<u> </u>
	Tvi	HEL ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00