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C. LEWIS

AUG 2 3 2010

EXAMINER

Batten Madewell, CPA, LLC

Phone (386) 253-6851 Fax (386) 253-7216

Member - Florida Institute of Certified Public Accountants

August 18, 2010

Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

CERTIFIED # 7010-0290-0000-3378-0877

Dear Gentlemen:

Enclosed please find the following listed form(s) for filing. Please receipt the enclosed copy of this letter and return it to us in the enclosed postpaid envelope.

FORM NUMBER	TAXPAYER NAME	REMITTANCE
Articles of Amendment	HO2 LLC	\$ 25.00

Very truly yours,

Batten Madewell, CPA, LLC

Batter Madewell CPAILLE.

Batten Madewell, CPA, LLC

Phone (386) 253-6851 Fax (386) 253-7216 Member - Florida Institute of Certified Public Accountants

August 18, 2010

Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

CERTIFIED # 7010-0290-0000-3378-0877

Dear Gentlemen:

Enclosed please find the following listed form(s) for filing. Please receipt the enclosed copy of this letter and return it to us in the enclosed postpaid envelope.

FORM NUMBER	TAXPAYER NAME	REMITTANCE
Articles of Amendment	JJ02, LLĊ	\$ 25.00

Very truly yours,

Batten Madewell, CPA, LLC

Batter Madewill CPA,LLC.

COVER LETTER

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			COVER LETTER		
TO:	Registration So Division of Con				
SUBJ	ECT:		IJ02, LLC		
5020		Name of Lin	nited Liability Company		
The er	nclosed Articles of	Amendment and fee(s) are su	ubmitted for filing.		
Please	return all correspo	ondence concerning this matte	er to the following:		
			Darryl R Madewell		
			Name of Person		
Batten Madewell CPA LLC					
			Firm/Company		
		1326	S Ridgewood Ave Suite	18	
	Address				
			Daytona Beach FL		
			City/State and Zip Code		
		darry	@battenmadewellcpa.co	om	
For fu	rther information o	concerning this matter, please	(to be used for future annual report	notification)	
		, presser	V		
		R Madewell CPA of Person	at (386) Area Code & Da	253-6851 aytime Telephone Number	
Enclos	sed is a check for t	he following amount:			
₹ \$2:	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
•	Registe Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	Registration S Division of Co Clifton Buildi	orporations	

Tallahassee, FL 32301

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

FILED

2010 AUG 20 PM 28 22

JJ02 LLC (Name of the Limited Liability Company as it now app (A Florida Limited Liability Company			SECRETARY OF STATE ars on our records. MLLAHASSEE, FLORID		
The Articles of Organization for this Limited Liz Florida document numberL10000029	bility Company were				
This amendment is submitted to amend the follo	wing:				
A. If amending name, <u>enter the new name of</u>	the limited liability c	ompany her	2:		
The new name must be distinguishable and end with 'L.L.C."	the words "Limited Li	ability Compa	ny," the designation '	'LLC" or the abbreviation	
Enter new principal offices address, if applica					
(Principal office address MUST BE A STREET	<u> ADDRESS)</u>		_ 		
Enter new mailing address, if applicable:	<u> </u>	2 LLC			
(Mailing address MAY BE A POST OFFICE BOX)		509 E INTERNATIONAL SPEEDWAY BLVD			
		DAYTONA BEACH FL 32118			
B. If amending the registered agent and/o registered agent and/or the new registered off		ddress on o	ur records, <u>enter</u>	the name of the new	
Name of New Registered Agent:	Jennifer Santilli	 			
New Registered Office Address:	egistered Office Address: 509 E INTERNATIONAL SPEEDWAY BLVD				
	Ent	er Florida street aa	dress		
DAY		BEACH	, Florida _	32118	
N' B. C. L. H. G. C. L.	City	,		Zip Code	
New Registered Agent's Signature, if changing R	eastered 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 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 Title Title **Address Type of Action** <u>Name</u> **MGRM** JAMES OBRIEN 124 TOMOKA MEADOWS BLVD ☐ Add ✓ Remove ORMOND BEACH FL 32174 JENNIFER SANTILLI MGRM 509 E INTL SPEEDWAY BLVD **✓** Add Remove DAYTONA BEACH FL 32118 **MGRM** MICHAEL WEINHANDL 509 E INTL SPEEDWAY BLVD √ Add DAYTONA BEACH FL 32118 ☐ Remove ☐ Add Remove □Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **AUGUST** 2010 Signature of a member or authorized representative of a member JENNIFER SANTILLI Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00