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APR 16 2010

EXAMINER



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SECRETARY OF STATE
DIVISION OF CORPORATION

COVER LETTER

Registration Section

Division of Co	rporations					
CLUB LECT	JAMIE RE	AL ESTATE LLC				
SUBJECT:	SUBJECT: JAMIE REAL ESTATE, LLC Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspondent	ondence concerning this matter	to the following:				
		JAMES SACCULLO				
		Name of Person				
	JA	MES SACCULLO, LLC				
		Firm/Company				
	4617 S UNIVERSITY DRIVE					
	Address					
		DAVIE, FL 33328				
	 	City/State and Zip Code				
		MANJAMIE@YAHOO.COM				
		to be used for future annual report notific	ration)			
For further information	concerning this matter, please of	call:				
Ja	mie Saccullo	at (954)	252-1433			
Name	of Person	Area Code & Daytime	Telephone Number			
Enclosed is a check for t	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)			
MAII	ING ADDRESS:	STREET/COURIE	'D ADDDFSS.			
Regist	ration Section	Registration Section	L			
Division of Corporations P.O. Box 6327		Division of Corpora Clifton Building	tions			
	assee, FL 32314	2661 Executive Cen	ter Circle			

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JAMIE REAL E	<u>STATE, LLC</u>	<u> </u>		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Lia	y as it now appea ability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company v	vere filed on	04/05/2010	and assig	ned
Florida document numberL10000036322				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company hei	<u>re</u> :		
JAMES SACCL	<u></u>			
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Compa	any," the designation "L	LC" or the abb	oreviation
Enter new principal offices address, if applicable:			=	DIVIS.
(Principal office address MUST BE A STREET ADDRESS)			ĀPR	SCR CRE
			~	<u> </u>
Enter new mailing address, if applicable:			3	14853 14853 14874
(Mailing address MAY BE A POST OFFICE BOX)				7-7-
			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	5
B. If amending the registered agent and/or registered office address here		our records, <u>enter t</u>	he name of	the new
Name of New Registered Agent:				<del></del>
New Registered Office Address:				
	Er	iter Florida street addi	ress	
	Cit	, Florida	Zip Code	<del></del>
	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 records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Mar MGRM = M	ager anaging Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
D. If amend	ing any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	
			 _
Dated		or authorized representative of a member	
	Signature of a member  Sques Saccu Tyned	or authorized representative of a member or printed name of signee	

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Filing Fee: \$25.00