

Division of Corporations

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10000081368

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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(((H10000206631 3)))



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To:

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From:

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 Phone : (407) 656-5750
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 JETF, LLC**

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EXAMINER

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WILLIAM N ASMA PA

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9/17/2010 7:53:37 AM PAGE 1/001

Fax Server



September 17, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

WILLIAM N. ASMA, P.A.

10 SEP 17 AM 7:55
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TALLAHASSEE, FLORIDA

SUBJECT: JETF, LLC
REF: L10000081968

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

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

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Joey Bryan
Regulatory Specialist II

FAX Aud. #: H10000205642
Letter Number: 510A00022117

((H1000206631 3)))

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

JETF, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 8/3/2010 and assigned Florida document number L010000081368.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida street address

_____, Florida _____
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

(((#1000206631 3)))
 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

MGR/M = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>FLOYD BOWERS</u>	<u>105 MAGNOLIA STREET OCOFF FLORIDA 34761</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>FLOYD BOWERS</u>	<u>259 QUAIL RIDGE TRAIL FRANKLIN NC 28734</u>	<input type="checkbox"/> Add <input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated _____



Signature of a member or authorized representative of a member

WILLIAM N. ASMA, AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

10
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