

Division of Corporations

Page 1 of 1

L10000081368

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000206631 3)))



H100002066313ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : WILLIAM N. ASMA, P.A.
Account Number : I20060000067
Phone : (407) 656-5750
Fax Number : (407) 656-0486

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
JETF, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RECEIVED

10 SEP 17 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

J. BRYAN

SEP 20 2010

9/17/2010

EXAMINER



September 17, 2010

WILLIAM N. ASMA, P.A.

SUBJECT: JETF, LLC
REF: L10000081368

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
10 SEP 17 AM 7:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

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

Joey Bryan
Regulatory Specialist II

FAX Aud. #: H10000205642
Letter Number: 510A00022117

###10000206631-3###
 (((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)

FILED
10 SEP 17 AM 7:55
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

XXXXXXXXXXXXXXXXXXXX

((H1000206631 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

MGRM = Managing Member

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

FILED
10 SEP 17 AM 7:55
STATE
TALLAHASSEE, FLORIDA