

L10000/00897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

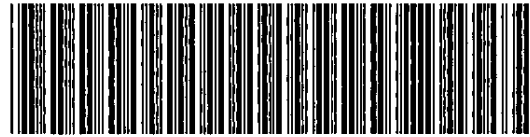
Special Instructions to Filing Officer:

**A. LUNT**

DEC 19 2012

**EXAMINER**

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TALLAHASSEE, FLORIDA

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12/17/12--01030--028 \*\*50.00



**Fox Rothschild** LLP  
ATTORNEYS AT LAW

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222 Lakeview Avenue, Suite 700  
West Palm Beach, FL 33401  
Tel 561.835.9600 Fax 561.835.9602  
www.foxrothschild.com

Joseph J. Kulunas  
Direct Dial: (561) 804-4402  
Email Address: jkulunas@foxrothschild.com

December 13, 2012

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**Re: Quickhold, LLC - Amendment**  
**JT RV, LLC - Amendment**

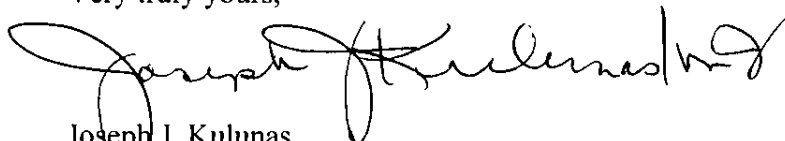
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2012 DEC 17 PM 3 25  
TALLAHASSEE, FL 32314

Dear Sir or Madam:

Enclosed please find Amendments for the two captioned LLCs along with this firm's check in the amount of \$50.00 for payment of the filing fee for each.

Please contact me if you have any questions or comments.

Very truly yours,

  
Joseph J. Kulunas

/mj  
Enclosures

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: JT RV, LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**JOSEPH J. KULUNAS**

Name of Person

**FOX ROTHSCHILD LLP**

Firm/Company

**222 Lakeview Avenue, Suite 700**

Address

**West Palm Beach, FL 33401**

City/State and Zip Code

**jkulunas@foxrothschild.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Joseph J. Kulunas**

Name of Person

**561 804-4402**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
2012 DEC 17 PM 3:26  
TALLAHASSEE, FLORIDA

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

JT RV, 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 September 27, 2010 and assigned  
Florida document number L10000100897.

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)**

FILED  
2010 DEC 17 PM 3:25  
CLERK OF CIRCUIT COURT  
MELBORNE, FLORIDA

**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**

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Jeff Titherington	344 Legare Court	<input type="checkbox"/> Add
		Jupiter, FL 33458	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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 2012 FEB 1 PM 3:25  
 2012 MAR 1 PM 3:25  
 2012 APR 1 PM 3:25  
 2012 MAY 1 PM 3:25  
 2012 JUN 1 PM 3:25  
 2012 JUL 1 PM 3:25  
 2012 AUG 1 PM 3:25  
 2012 SEP 1 PM 3:25  
 2012 OCT 1 PM 3:25  
 2012 NOV 1 PM 3:25  
 2012 DEC 1 PM 3:25

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

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Dated December 10, 2012.

Signature of a member or authorized representative of a member

JOSEPH J. KULONAS

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

RECEIVED  
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JANUARY 17, 2013  
TALLAHASSEE, FLORIDA

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