

L100000104905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

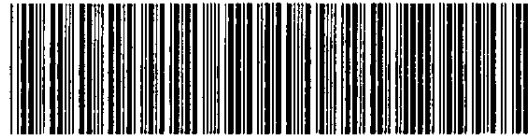
(Business Entity Name)

(Document Number)

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02/11/11--01025--002 **25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B..BOSTICK
FEB 14 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jeff and Joes 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:

Angela L. Pasco
Name of Person

Jeff and Joes LLC
Firm/Company

18B SW 2nd AVE
Address

Gainesville FL 32601
City/State and Zip Code

Mustangmax@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela L. Pasco at (386) 916-7209
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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Jeff and Joes 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 OCT 10, 2010 and assigned
Florida document number 410000104905.

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)

188 SW 2nd AVE
GAINESVILLE FL 32601

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

188 SW 2nd AVE
GAINESVILLE FL 32601

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:

Angela L Passo

New Registered Office Address:

188 SW 2nd AVE

Enter Florida street address

GAINESVILLE, Florida 32601
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.

Angela L Passo

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:

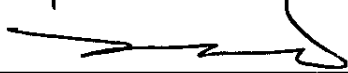
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Thomas J. Pasco	224 Royal AVE TUSTALUCHEN FL 32148	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Angela L Pasco	18 SW 2nd AVE GAINESVILLE Florida 32601	<input checked="" 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
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated February 8, 2011


Signature of a member or authorized representative of a member

Thomas J Pasco
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA