L10000113772

(Re	equestor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phone	e #)		
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DIVISION OF CORPORATIONS
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B. KOHR

JAN 1 2 2011

EXAMINER

COVER LETTER

TQ:	Registration Sect Division of Corpo		***	
SUBJE	CCT:	Jason Sharp F Name of Limi	Property LLC ted Liability Company	1 JAN 10 M
The end	closed Articles of A	mendment and fee(s) are sub	mitted for filing.	6
Please	return all correspond	lence concerning this matter	to the following:	3
	•		Jason Sharp Name of Person	· · · · · · · · · · · · · · · · · · ·
Jason Sharp Property Maintenance Firm/Company				
sharpth			614 Holley St.	
			Address	
			ooksville Florida 34601 City/State and Zip Code	
			othomas99@yahoo.com	notification)
For fur	her information con	cerning this matter, please c	all:	
~~~		on Sharp	at (_352 )	232-7294
	Name of P	erson	Area Code & Da	viime Telephone Number
Enclose	ed is a check for the	following amount:		
<b>₹</b> 25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is ench	Section Sectin Section Section Section Section Section Section Section Section
	MAILIN	G ADDRESS:	STREET/CO	URIER ADDRESS:

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jason Shar (Name of the Limited Liability Compa (A Florida Limited I	p Property LLC  ny as it now appears on our records.  Liability Company)
The Articles of Organization for this Limited Liability Company Florida document numberL10000113772	were filed on November 01 2010 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Jason Sharp Property	Maintenance LLC
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	614 Holley St.
(Principal office address MUST BE A STREET ADDRESS)	Brooksville Florida 34601
Enter new mailing address, if applicable:	614 Holley St.
(Mailing address MAY BE A POST OFFICE BOX)	Brooksville Florida 34601
B. If amending the registered agent and/or registered of 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

Title Ne	ame	Address	Type of Action
			Add Remove
<del></del>			Add Remove
		**************************************	Add Remove
	······································		Add Remove
<del></del>	· · · · · · · · · · · · · · · · · · ·		Add Remove
-			Add Remove
D. If amending an	ny other information, enter change	(s) here: (Attach additional sheets, if necessary.)	_
<u> </u>			<b>-</b>
Dated	January 05 , 201	1	_
<del></del>	Signature of a relember of	or authorized representative of a member	<del></del>
<del></del>	Ja	ason P. Sharp	

Page 2 of 2

Filing Fee: \$25.00