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	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
	A. LUNT
	MAR 15 2010

EXAMINER

Office Use Only



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COVER LETTER

TO:

TO:	Registration S Division of Co	Section orporations			
SUBJE	ECT:	JATS V	entures, LLC		
			ed Liability Company		-
The end	closed Articles o	f Amendment and fee(s) are sub-	mitted for filing.		
Please 1	return all corresp	condence concerning this matter	to the following:		
			Joseph S Ayoub		_
			Name of Person		
			Firm/Company		_
		324 [Dr. ML King Jr. St. Nor	th	_
	,	Saf	ety Harbor, FL 34695		2011
	•	js	City/State and Zip Code ayoub@yahoo.com be used for future annual report		HAR I
For furt	her information	concerning this matter, please ca			THE PARTY OF THE P
		oseph Ayoub	at (727)	412-8470	MMII: 42
	Humo	a reiski	And Code at D	ayume rolephone (value	oi
Enclose	ed is a check for	the following amount:			
▽ \$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc	losed) Certific	iling Fee, cate of Status & cd Copy onal copy is enclosed)
	Regist Divisi P.O. E	JING ADDRESS: ration Section on of Corporations Box 6327 assee, FL 32314	Registration S Division of Co Clifton Buildi	orporations ngi Marie Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JATS V	entures, LLC			
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appear ted Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Comp	pany were filed on	11/23/2010	and assigned	
Florida document numberL10000121291				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company her	<u>re</u> :		
	Energy, LLC			
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Compa	nny," the designation "	LLC" or the abbreviation	
Enter new principal offices address, if applicable:			3	
(Principal office address MUST BE A STREET ADDRES.	<u></u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		16 J	A I I I I I I I I I I I I I I I I I I I	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, <u>enter</u>	the name of the nev	
Name of New Registered Agent:				
New Registered Office Address:		ter Florida street add	dress	
	Di.			
	City	, Florida	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
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D Ifameno	ling any other information, enter	change(s) here: (Attach additional sheets, if	magassam.)
D. II BIIICIN	ing any other information, enter	change(s) nere. (Anach dadinonal sheets, y	necessary.)
			
			<u></u>
			
 Dotod			
Dated	<u> </u>		
	\mue	M (lynn)	
	Signature of a r	nember of authorized representative of a member Joseph S Ayoub	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00