# #1/000/2/675

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EXAMINER
DEC 7 2010

## **COVER LETTER**

Division of Co			
SUBJECT:	LA J	OTEBE, LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
		SILVIA BROGNO	
		Name of Person	
		Firm/Company	
	153	7 VICTORIA ISLE WAY	
	***	WESTON, FL 33327 City/State and Zip Code	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	SILVIA( E-mail address: (	TEAMARCHITECTS.NI to be used for future annual report no	ET Diffication)
For further information	concerning this matter, please of	eall:	
SILVIA BROGNO Name of Person		at (_954_)	8404990
		Area Code & Dayt	time Telephone Number
Enclosed 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 enclos	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

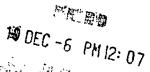
### MAILING ADDRESS:

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	A JOTEBE, LLC		2.07
(Name of the Limited Liabi (A Florida	ility Company as it now appear da Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability	y Company were filed on	11/23/2010	and assigned
Florida document numberL10000121675	*		
This amendment is submitted to amend the following	<b>;</b> :		
A. If amending name, enter the new name of the l	limited liability company her	<u>.</u>	
L	.A JOTABE, LLC		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compa	ny," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			· · · · · · · · · · · · · · · · · · ·
inumit agaress MAT DE AT OST OF TICE BOA	<u></u>		
			<del></del>
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ur records, <u>enter t</u>	he name of the new
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 = N	MGRM = Managing Member						
<u>Title</u>	Name	Address	Type of Action				
			Add Remove				
			Add Remove				
			Add Remove				
			Add Remove				
<del></del>			Add Remove				
			Add Remove				
D. If amen	ding any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)	_				
_			<del>-</del>				
			<del>-</del>				
Dated	DECEMBER 2	2010 Hunda					
	Signature of a men	nber or authorized representative of a member	<del> </del>				
	14-pt = 1-80-4	SILVIA BROGNO					
	Tyj	ped or printed name of signee	<del></del>				

Page 2 of 2

Filing Fee: \$25.00