

L11000023216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

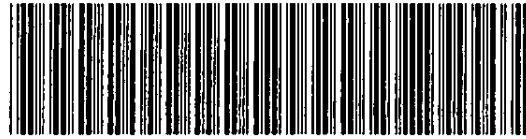
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 APR 25 PM 10 20

FILED

C. LEWIS

APR 26 2011

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: E.A.T. CERTIFICATION, 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:

JORDAN H. MAESON

Name of Person

E.A.T. CERTIFICATION

Firm/Company

P.O. BOX 3035

Address

ST PETERSBURG FL 33731

City/State and Zip Code

EATCERTIFIED@YAHOO.COM

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

For further information concerning this matter, please call:

JORDAN H. MAESON

Name of Person

at ( 407 )

342-4844

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &  
Certificate of Status

\$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

\$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

FILED

2011 APR 25 PM 4:20

E.A.T. CERTIFICATION, LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/23/2011 and assigned  
Florida document number L11000023216

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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: JORDAN H. MAESON

New Registered Office Address: 689 CENTRAL AVE. #101

*Enter Florida street address*

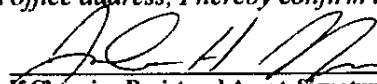
ST PETERSBURG, Florida 33731

*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	HEIDI L COMBS	P.O. BOX 3035 ST. PETERSBURG, FL 33731	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	JORDAN H. MAESON	P.O. BOX 3035 ST. PETERSBURG, FL 33731	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
		<i>JM</i>	<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.)*

HEIDI LOU COMBS HAS LEGALLY CHANGED HER NAME TO JORDAN H. MAESON, CERTIFIED COURT ORDER ATTACHED. THEREFORE THE REGISTERED AGENT'S NAME CHANGED AS INDICATED ABOVE.

Dated APRIL 17, 2011

*Jordan H. Maeson f/k/a Heidi Lou Combs*  
Signature of a member or authorized representative of a member

JORDAN H. MAESON F/K/A HEIDI LOU COMBS

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2011 APR 25 PM 4:20

FILED

IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT,  
IN AND FOR PINELLAS COUNTY, FLORIDA

Case No.: 11-2256FD-24  
UCN: 522011DR00225XXXFD

IN RE: THE NAME CHANGE OF  
HEIDI LOU COMBS,  
Petitioner.

FILED  
St. Petersburg Branch  
MAR 16 PM 4:02  
KEN BURKE  
CLERK OF CIRCUIT COURT

FINAL JUDGMENT OF CHANGE OF NAME (ADULT)

This cause came before the Court on Petition for Change of Name (Adult) under section 68.07, Florida Statutes, and it appearing to the Court that:

1. Petitioner is a bona fide resident of Pinellas County, Florida;
2. Petitioner's request is not for any ulterior or illegal purpose; and
3. granting this petition will not in any manner invade the property rights of others, whether partnership, patent, good will, privacy, trademark, or otherwise; it is

ORDERED that Petitioner's present name, HEIDI LOU COMBS, is changed to JORDAN H. MAESON, by which Petitioner shall hereafter be known.

ORDERED ON 3-16-2011

W. Jagan  
CIRCUIT JUDGE

COPIES TO:  
Petitioner



STATE OF FLORIDA - PINELLAS COUNTY  
I hereby certify that the foregoing is a true copy  
as the same appears among the files and  
records of this court.

This \_\_\_ day of MAR 21 2011

KEN BURKE  
Clerk of Circuit Court

By: Connie Hatch  
Deputy Clerk