L11000035188

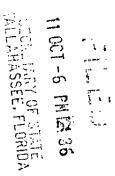
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAI	-				
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



000212934360

10/06/11--01017--005 **25.00



D. BRUCE

OCT 7 2011

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	Name of Limited Liability Company
	closed Articles of Amendment and fee(s) are submitted for filing.
Please i	return all correspondence concerning this matter to the following:
	GERASTMOS A. MORFESTS Name of Person
	BRADLEY ESSMAN, ATTY
	118 East Tarpon Are, Ste 213 Address
	City/State and Zip Code Typhoon is to Com Hemail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
<u></u>	-A Morfesis at 727-485-3130 = 8
	Name of Person Area Code & Daytime Telephone Number
X //	d is a check for the following amount:
\$25.	00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \$\text{\$\tex
	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

JUAN-JON'S AV- (Name of the Limited Lin (A Flo	TO AND M	ARINE	REPAIR,	LLC.
The Articles of Organization for this Limited Liabi	lity Company were fi	iled on $\frac{3}{2}$	3/2011 and ass	signed
This amendment is submitted to amend the followi	ng:			
A. If amending name, enter the new name of th	e limited liability co	mpany here:		
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liab	pility Company," the do	esignation "LLC" or the	abbreviation
Enter new principal offices address, if applicable	e:		mark.	
(Principal office address MUST BE A STREET A	DDRESS)			
			2 9	A CONTRACT
			SSE SYNCE O	
Enter new mailing address, if applicable:			rich R	\$ i t
Mailing address MAY BE A POST OFFICE BO	<u></u>		LS B	راني المحاسر
			RID A	
B. If amending the registered agent and/or a registered agent and/or the new registered office		dress on our recor	ds, <u>enter the name (</u>	of the new
•	46	•		
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 = Ma MGRM = 1	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
M <u>GRM</u>	JUAN SANTOS	118 EastTarpon Ave	Add
M <u>GRM</u>	LYDIA SANTOS	118 ERSTTARPOL AVE	Add Remove
M <u>GRM</u>	BUARD BOGE	1212 LOCUST AVE SARASOTA, FL 34-234	Add Remove
M <u>GRM</u>	MAGI JO CASSIDY	4212 LOCUST AVE SARASOIA FL3423	Add
			Add Remove
			Add Remove
D. If amen	ding any other information, enter chang	e(s) Kere: (Attach additional sheets, if necessary.	11 OCT -6 PHIS
Dated	SEPTEMBER 19, 20 Signature of a member JONATHAN T	or authorized representative of a member	සි සි සි සි සි සි සි සි සි සි සි සි සි සි ස
		or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00