L11000037918

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
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2011 APR 11 PH 4: 47

J. SAULSBERRY EXAMINER

APR 12 2011

COVER LETTER

10:	Division of Co						
SUBJE	СТ:	JP T	ailoring LLC				
50 1.0 1	···	······································	ited Liability Company				
The enc	losed Articles of	f Amendment and fee(s) are sul	omitted for filing.				
Please r	eturn all corresp	ondence concerning this matter	to the following:				
			Rosita Pierre				
			Name of Person				
		Firm/Company					
		8700 NW 32St			_		
			Address		AS	2	
		Co	oral Springs, FL 33065		E CR	2011 APR 11	
			City/State and Zip Code				
		E-mail address: (Ipierre@bellsouth.net to be used for future annual report notification	on)	RY O		
For furt	her information (concerning this matter, please of	rall:		FSTATI	PM 4:47	(I)
	R	tosita Pierre	at (954) 688	3-6565	D m	47	
	Name o	of Person	Area Code & Daytime Tel	ephone Numbe	г		
Enclose	d is a check for t	he following amount:					
[] \$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Stat		sed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ration Section on of Corporations ox 6327	STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	15			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JP	Tailoring LLC			
(Name of the Limited Liability (A Florida)	Company as it now appea Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability C	company were filed on	03/30/2011	and assigned	
Florida document numberL11000037918	_·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company he	<u>re</u> :		
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Comp	any," the designation "L	LC" or the abbreviatio	
Enter new principal offices address, if applicable:			76. 2	
(Principal office address MUST BE A STREET ADDI	RESS)			
		<u>5</u>	APR I	
Enter new mailing address, if applicable:		ָרָ. פרי		
(Mailing address MAY BE A POST OFFICE BOX)		ŗ	SE	
B. If amending the registered agent and/or regist	ered office address on	our records, enter t	he name of the nev	
registered agent and/or the new registered office add				
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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Rosita Pierre	8700 NW 32ST Coral Springs, FL 33065	Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
<u>_</u>			AddRemove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessor	2011
			FILE[APR II PH I RETARY OF STA
Dated	,	•	## 47
	Signature of a membe	r or authorized representative of a member	
	Typed	Rosita Pierre	

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Filing Fee: \$25.00