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SECRETARY OF STATES

J. SAULSBERRY EXAMINER JUN 1.7 2011

## **COVER LETTER**

	egistration Sec ivision of Corp									
SUBJECT	:	John	Paul Name of Limi	Gelineau nited Liability Company						
The enclos	ed Articles of A	mendment and	d fee(s) are sub	omitted for filing.				•		
Please retu	rn all correspon	dence concern	ing this matter	to the following:						
			John	Paul Name of Perso	Gelinea	iu				
			John		Selineu					
			1303	Pup Fiz	sh Lane	-	2011 J	, , , , , , ,		
			DeLan	ID FL	<u> 327ま</u>	4	HASS HASS			
		E	John	Paul Ge o be used for future a	Jineau 9 unnual report notificat	YAHOU, CON	SECRETARY OF STATE			
For further	information cor	ncerning this n	natter, please c	_			8日	<u>~</u>		
_Joh	Name of F		lineau	at ( 33 9 )	9 440 3 a Code & Daytime To	424 elephone Number				
Enclosed is	a check for the	following amo	ount:							
\$25.00	Filing Fee	S30.00 Fili Certifica	ing Fee & ite of Status	\$55.00 Filing Certified Co (additional o		Certified C	of Status &	osed)		
	Registrat Division P.O. Box	IG ADDRESS ion Section of Corporation 6327 see, FL 32314		Re Div Cli	REET/COURIER gistration Section vision of Corporation from Building 61 Executive Cente	ons				

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

John	Paul	Gelinea	u LLC				
( <u>Name of the Limited L</u> (A F	iability Compa Iorida Limited I	ny as it now appea Liability Company)	rs on our records.	)			
The Articles of Organization for this Limited Liab		were filed on	4/15/2011	and a	ssigned		
This amendment is submitted to amend the follow	ring:						
A. If amending name, enter the new name of t	<u>he limited liab</u>	oility company her	<u>re</u> :				
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ited Liability Compa	any," the designatio	on "LLC" or the	abbreviation		
Enter new principal offices address, if applicab	le:			7 2			
(Principal office address MUST BE A STREET	ADDRESS)						
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE B</u> O	<u>0X)</u>			UN 14 AM 9 4			
B. If amending the registered agent and/or registered agent and/or the new registered office			our records, ente	er the name			
Name of New Registered Agent:							
New Registered Office Address:							
	Enter Florida street address						
	<del></del>	Cin	, Florida	Zip Cod	J.		
		City		Zip Coo	1е		

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

MGRM = Managing Member Type of Action Title Name <u>Address</u> New Smyrna Beach FL 32168 Brue Baker MGRM Remove Add ☐ Remove ☐ Remove ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated \_\_\_\_\_ Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00