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(Address)		
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EXAMINER



500237200685

07/08/12--01015--011 \*\*25.00



July 6, 2012

Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: Job Performance Associates LLC; check # 157

To Whom It May Concern:

On June 11, 2012, I sent paperwork to change the manager of our company, along with check number 157 in the amount of \$35.00. I received letter number 712A00016810 stating I sent the paperwork for a Corporation, but our entity is a LLC, so needed to change the paperwork, which I did along with check number 162 in the amount of \$25.00. Please send me a \$10.00 refund payable to Job Performance Associates, LLC.

If you have any questions, please feel free to contact me at 904-748-0065.

Thank you.

Wendy L Waters

CFO

Job Performance Associates, LLC

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Job Performance Associates 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:			
Job Performance Associates LLC Firm/Company  3335 Skynaster Rd Address  City/State and Zip Code  Dends waters D pateam Com E-mail (ddress; (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Name of Person at (904) 748-0065  Area Code & Daytime Telephone Number			
Name of Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee  \$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status  Certificate of Status  (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

Job Performance Associates LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(11,101144,201	mea Blackity Company,	
The Articles of Organization for this Limited Liability Cor	npany were filed on	5 11 201 and assigned
Florida document number 1100005LC	167	2 JUL
This amendment is submitted to amend the following:		ASSE
A. If amending name, enter the new name of the limite	ed liability company here	FLOR
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Compan	y," the designation "压龙" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	(SS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	14689 Tackso	Diamond Ranch Pd Nucle FL 32234
B. If amending the registered agent and/or register registered agent and/or the new registered office address		r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Ente	r Florida street address
·	City	, Florida Zip Code
	Cuy	гір Сойе

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> **Address** Type of Action Leschers ☐ Add Remove Add Remove  $\square$ Add Remove  $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 7/10/2012 Signature of a member or authorized representative of a member Naters Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00