**Division of Corporations** Electronic Filing Cover Sheet

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(((H11000180741 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, IN

Account Number: I20050000099 Phone : (813) 932-5244

Fax Number : (813)932-3782

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN J.E.M. ENTERPRISES OF TAMPA BAY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

C. LEWIS

JUL 1 5 2011

**EXAMINER** 

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Corporate Filing Menu

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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	J.E.M. ENTERPRIS	SES OF TAMPA BAY, LLC	
	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		ROMAN ALBANO	
		Name of Person	
	CONTRACTOR	s REPORTING SERVICE,	INC
		Firm/Company	
	137	95 N NEBRASKA AVE	
		Address	<del></del>
	-	TAMPA, FL 33624	
		City/State and Zip Code	·
	E-mail address: (t	o be used for future annual report notificat	ion)
For further information	concerning this matter, please ca		
ROMAN ALBANO		at (813) 932	
Name o	of Person	Area Code & Daytime T	elephone Number
Enclosed is a check for t	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

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 7/13/2011 5:14 PM FROM: Cont Reporting Svc Contractors Reporting Service, Inc TO: 18506176383 PAGE: 003 OF 004

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2011 JUL 18 AM 8: 16

SECRETARY OF STATE TALLAHASSEE, FLORIDA

J.E.M. ENTERPRISES	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Hability Company)
The Articles of Organization for this Limited Liability Company Florida document numberL11000064498	were filed on6/2/2011 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	7850 GUNN HWY UNIT 117
(Principal office address MUST BE A STREET ADDRESS)	TAMPA, FL 33626
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	7853 GUNN HWY UNIT 117 TAMPA, FL 33626
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
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

7/13/2011 5:14 PM FROM: Cont Reporting Svc Contractors Reporting Service, Inc TO: 18506176383 PAGE: 004 OF 004

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>	Name	Address	Type of Action
MGRM	SCOTT H PERRY	7853 GUNN HWY UNIT 117 TAMPA, FL 33626	Add  Remove
MGRM	HEATH A PERRY	7853 GUNN HWY UNIT 117 TAMPA, FL 33626	
	·=v=v=v=v=v=v=v=v=v=v=v=v=v=v=v=v=v=v=v		
	***************************************		□ Add
<u></u>			□ Add
D. If amen	iding any other information, enter	change(s) here: (Attach additional sheets, if necessar	······································
		2011	ZOII JUL 18 SEGRETARY FALLIAHASSI
Dated	JULY 13	nember or authorized representative of a member HEATH A PERRY	YOF STATE
		Typed or printed name of signee	