L11000111108

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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NOV 1 3 2012

EXAMINER



700241513037

11/09/12--01010--005 **30.00



COVER LETTER

TO: Registration Se Division of Cob		•	•
_{SUBJECT:} Jasper S	awyer Company LLC		
		led Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jasper Sawyer		The Reserve
		Name of Person	FLORIE T
		Firm/Company	
	1600 Vine St Apt. 10	22	
		Address	
	Los Angeles, CA	City/State and Zip Code	
	icanar@cauntarcantre		
	jasper@sawyercontra E-mail address: (t	o be used for future annual report notificati	on)
For further information c	oncerning this matter, please c	all:	
Jasper Sawyer		at (407)900-5547	
Name o	f Person	Area Code & Daytime Te	lephone Number
Enclosed is a check for the	ne 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 (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

• ARTI	ICLES OF O	RGANIZATION	
	O	F	在是 10
SASDER Sawye (Name of the Limited	r Compa Liability Compa	ny LLC ny as it now appears on e	our records.)
The Articles of Organization for this Limited L	iability Company	were filed on $09/2$	8/2011 and assigned
Florida document number <u>L110001111</u>	<u>08</u> .		4
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited lieb	ility aamnany hara	
The new name must be distinguishable and end with "L.L.C."	th the words "Lim	ited Liability Company," t	the designation "LLC" or the abbreviation
Enter new principal offices address, if applic	cable:	37 N Oran	ide Ave Suite 500
(Principal office address MUST BE A STREE		Ochando F	rge Ave. Suite 500 132801
Enter new mailing address, if applicable:		37 Ocanue	Ave. Suite 500
(Mailing address MAY BE A POST OFFICE	BOX)	Orlando El	Ave. Suite 500 32801
			<u> </u>
B. If amending the registered agent and			ecords, enter the name of the new
registered agent and/or the new registered o	mice address nei	<u>re</u>	
Name of New Registered Agent	Registered	Agents Inc.com	
New Registered Office Address:	3030 N. Ro	cky Point Dr. Ste 15	50A
·		Enter Fi	orida street address
	Tampa		, Florida <u>33607</u>
		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 = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Jasper Sawyer	37 N Orange Ave. Suite 500	Add
		Orlando Fl 32801 (change of Address)	Remove
			Remove
			Add
			Remove
			Add
			_ Remove
			_
			Remove
			_ Add
			Remove

). If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
_	
-	
_	
_	
- _{ated} No	evember 1st, 2012
	
	- Van her
	Signature of a member or authorized representative of a member Jasper Sawyer
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00