

L 11000 135755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

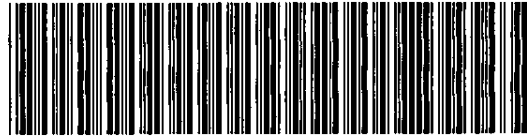
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B. KOHR

FEB 23 2012

EXAMINER



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02/06/12--01015--011 **30.00

12 FEB 23 PM 3:29

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 8, 2012

Please see attached
Thank you.

CLIFFORD R. RHOADES
CLIFFORD R. RHOADES, P.A.
2141 LAKEVIEW DRIVE
SEBRING, FL 33870

SUBJECT: CEDAR CREEK INVESTMENTS, LLC
Ref. Number: L11000135755

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
FEB 23 PM 3:29

We have received your document for CEDAR CREEK INVESTMENTS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The new name you have chosen -- JCMD, LLC -- is not available because it is too similar to the name of an existing company JCMD, INC. -- Document Number P07000090952.

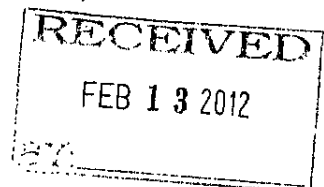
Please choose another new name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 012A00005348



COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CEDAR CREEK INVESTMENTS, LLC
Name of Limited Liability Company

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
12 FEB 23 PM 3: 29

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CLIFFORD R. RHOADES
Name of Person

CLIFFORD R. RHOADES, P.A.
Firm/Company

2141 LAKEVIEW DRIVE
Address

SEBRING, FL 33870
City/State and Zip Code

FRONT@CRRPALAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARI GOMEZ at (**863**) **385-0346**
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for 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 (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

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
12 FEB 23 PM 3: 29

CEDAR CREEK INVESTMENTS, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 12/01/2011 and assigned
Florida document number L11000135755.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

JCMD OF CENTRAL FLORIDA, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new 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

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

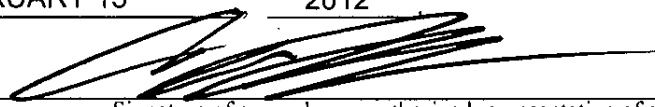
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated FEBRUARY 13 2012



Signature of a member or authorized representative of a member

CLIFFORD R. RHOADES

Typed or printed name of signee