# L1100139153

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### **COVER LETTER**

TO: Registration Sect Division of Corpo		ξ₩	•	
SUBJECT:	JAAC ACC	QUISITIONS LLC		
Sobblett.		ted Liability Company		*
				さ
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.		星瓣
Please return all correspond	dence concerning this matter	to the following:		12 JUH-1 PH 3: 87
				至
	R	OBERT J RADCLIFFE		ِ
		Name of Person		_
JAAC ACQUISITIONS LLC				
Firm/Company				
	3030 N	N. ROCKY POINT DR., ST	E 150A	
		Address		
	TAMP	A, FL 33607		
	<del></del>	City/State and Zip Code		
•	kelly	yandrob@bellsouth.net to be used for future annual report n	attitiontion)	
	·	·	ouncanon)	
For further information cor	ncerning this matter, please c	all:		
Robe	ert Radcliffe	at ( 904 )	880-8551	
Name of I	Person	Area Code & Day	rtime 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 enclo	\$60.00 Filing Fee, Certificate of Sta esed) Certified Copy (additional copy	itus &

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

## JAAC ACQUISITIONS, 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 DECEMBER 12, 2011 and ass L11000139153 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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

#### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida \_

Zip Code

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

Dated

MGRM = Managing Member **Type of Action** Title <u>Name</u> **Address** MGRM Robert J. Radcliffe 3030 N. ROCKY POINTDR., STE 150 A ✓ Add TAMPA FL 33607 Remove ☐ Add Remove ☐ Add Remove ☐ Add Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Typed or printed name of signee
Page 2 of 2

ized representative of a member

Filing Fee: \$25.00