

L12000069725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

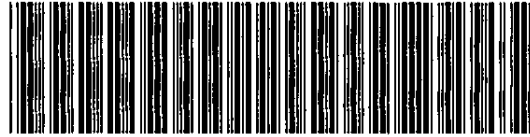
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 AUG - 6 AM 10:59
SECURITY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

AUG - 8 2012

EXAMINED

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: JAWDROP 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:

Bryan Monteleone

Name of Person

JAWDROP LLC

Firm/Company

130 Sweet Bay Circle

Address

Jupiter, FL 33458

City/State and Zip Code

bjmpam@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bryan Monteleone

Name of Person

at (561)

371-4141

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
12 AUG -6 AM 11:00
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
JAWDROP LLC**

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

May 23, 2012

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number L12000069725.

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)

5500 Military Trail, #22-210

Jupiter, Florida 33458

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

same as above

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TALLAHASSEE, FLORIDA

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:

(same) Bryan Monteleone

New Registered Office Address:

5500 Military Trail, #22-210

Enter Florida street address

Jupiter
City

Florida

33458

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>
MGRM	Robert W Wells	5500 Military Trail, #22-210 Jupiter, FL 33458	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

1) Please Amend the Federal EIN -FROM- [FEI/EIN Number: NONE]

-TO:- Employer Identification Number 45-5367817

2) Please change all MGMR Addresses to the corporate address:

(5500 Military Trail, #22-210, Jupiter, FL 33458)

Thank You!

Dated July 31, 2012

Signature of a member or authorized representative of a member

Typed name of member or authorized representative

Page 2 of 2

Filing Fee: \$25.00

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12 AUG -6 AM 11:00
CLERK OF STATE
TALLAHASSEE FLORIDA