L12000112377

(Requestor's Name)	
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SEGRETARY OF STATE ALLAHASSEE, FLORIDA

J. SAULSBERRY EXAMINER

OCT 1 2012

COVER LETTER

	gistration Secti- ision of Corpo					
SUBJECT:		JP& C	ompany, LLC			
		Name of Limi	ted Liability Company			
The enclosed	d Articles of An	nendment and fee(s) are sub	omitted for filing.			
Please return	all correspond	ence concerning this matter	to the following:			
			Jennifer L. Holland			
			Name of Person			
		Boyles	& Boyles Attorneys at La	w		
			Firm/Company			
		212	West Cervantes Street			
			Address		2012 2012	
		Pe	nsacola, Florida 32501		2012 SEP 28 SLURETARY ALLAHASSE	
	City/State and Zip Code		-	SSE 78	****	
		jennifer	@boylesandboyleslaw.co	m	RY OF STATE	
			to be used for future annual report not	inteation)	STA TOP	i.,,,
For further i	nformation con	cerning this matter, please of	cali:		AM 9: 00 FSTATE FLORIDA	
	Jennife	er L. Holland	at (_850)	433-9225		
	Name of Pe	erson	Area Code & Dayti	me Telephone Number		
Enclosed is	a check for the f	following amount:				
▼ \$25.00 F	iling Fee [\$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	ed) Certified	e of Status &	
		G ADDRESS: on Section	STREET/COUI Registration Sect	RIER ADDRESS:		

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

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JP& ((<u>Name of the Limited Liability</u> (A Florida L	Company, LLC Company as it now apper imited Liability Company)	ars on our records.)			
The Articles of Organization for this Limited Liability Co Florida document numberL12000112377	ompany were filed on	August 31, 2012	and a	assigne	:d
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ted liability company he	ere:			
JP & 0	Company, LLC				
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Comp	pany," the designation "Li	LC" or th	e abbre	viation
Enter new principal offices address, if applicable:			₹s	20	
(Principal office address MUST BE A STREET ADDR.	ESS)			12.00	***************************************
			ETARY ((C)	enemia
Enter new mailing address, if applicable:			7		- 1
(Mailing address MAY BE A POST OFFICE BOX)			IA E ORIDA	9: 00	
B. If amending the registered agent and/or registered agent and/or the new registered office addr		our records, enter th	ie name	of th	e new
Name of New Registered Agent:		,			
New Registered Office Address:					
	E	Inter Florida street addr	ess		
<u></u>		, Florida			
	City		Zip Co	ode	

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = N	nager Aanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
	- 		Add Remove
D. If amend	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessa	ary.)
			DIZ SEP 28
Dated	Hember 26.20	D. T.	8 AM 9: 00
	Wennifer R.	er or authorized representative of a member Piver d or printed name of signee	

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Filing Fee: \$25.00