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SECRETARY OF STATE
TALLAHASSEE FIGRAF.

D. BRUGE OCT 16 2012 MINER

COVER LETTER

TO: Registration So Division of Co					
SUBJECT:	J.D. T. PRESE	entions L.L.C.			
		ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
· ·	SAMES	D. TUENHK Name of Person			
	•	Name of Person	· · · · · · · · · · · · · · · · · · ·		
	J.D.T. PR	eservations LLC.			
	,	Firm/Company			
, · · ·	6466 596	LANK			
i		Address		ξυ -	
	Pinillas	Park 71. 33781	/ 	2 OC1	ľ
	Soppiers	City/State and Zip Code		28.57 17.87	FAR
	E-mail address: (to be used for future annual report notification	n)	를 공	
For further information	concerning this matter, please o	all:		PM 12: 43 OF STATE OF STATE	C
SAMES I		at (727) 470 - 33	300	<u>Θ</u> π ω	
Name	of Person	Area Code & Daytime Tele	phone Number	-	
••		•,			
Enclosed is a check for t	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 e		
•	3				
		,			•

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

J.D.T. PROSPRUA	Frons C.L.C.			
(Name of the Limited Liability (A Florida L	Company as it now appears on or imited Liability Company)	ur records.)		
The Articles of Organization for this Limited Liability Co. Florida document number	ompany were filed on OCL.	,		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability company here:			
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company," th	ne designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:		12 0 SEC		
(Principal office address MUST BE A STREET ADDR	ESS)	프를 그 그		
		15 TIA		
	,	PA CO		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		RA E		
B. If amending the registered agent and/or registered agent and/or the new registered office addr	ered office address on our re ress here:	cords, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Flo	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Man MGRM = M	nager anaging Member		
Title	Name	Address	Type of Action
MG-EM	SAMAS D. TURNER	CHICLE SON LANG PINETIASPACK 33781	Add Remove
MEEM	SAMAS M. TURNAR	5775 57th Ave. N 51. Petrus bus, 71 33709	Add Remove
M&Em	Kemoth C. WeBB	810 Olangeview DR- LANGO, II	Add Remove
MGEN	Robert N. BERNAL	18601 SAN RED CIRCLE Lutz, 71. 33549	Add Remove
MEEN	Mathow DASSANCO	3503 Glenburn Coyet New Port Richay, 71 34655	Add Re mov e
MERN	Joflay A. FARI	3025 Elk RidgE DR. HoliJay, 71 34691	Add Bernove
D. If amend	ing any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	
, · <u>-</u>			AFFINAN FILI 12 OCT 15 SECRETARY FALLAHASSI
			NO LED PM 12: 4.3 Y OF STATE SEEL FLORID
· · · · · · · · · · · · · · · · · · ·			- LORIDO
Dated	Oct, 12, 20	r or authorized representative of a member	
1	JAMES D	D. TURNAR	
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00