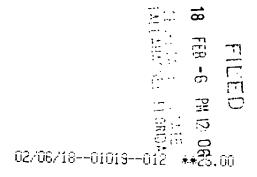
118000018745

(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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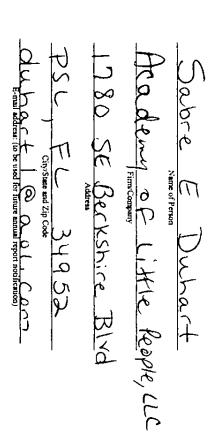


COVER LETTER

	SUBJECT: ACOL	Division of Corporation	TO: Registration Section
Name of Limited Liability Company	Jemy Of	D.S	
sility Company	Little P		
- \	eople, LLC		

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

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

Name of Person	Sabre E Dubact
Area Code	1.772
Daytime Telephone Number	486-8923

Enclosed is a check for the following amount:

\$25.00 Filing Fee. C \$30.00 Filing Fee. Certified Copy

Certificate of Status

Certified Copy

(additional copy to enclosed)

MAILING ADDRESS:

Registration Section

Division of Corporations

P.O. Box 6327

Certificate of Status & Certified Copy
(additional copy to enclosed)

Tallahassec, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301