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COVER LETTER

TO:

Registration Section

Division of Corporations

SUBJECT:

JM EXPORT 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:

SPINENKO EVGENII

Name of Person

JM EXPORT LLC

Firm/Company

19201 COLLINS AVE APT 832

Address

SUNNY ISLES BEACH FLORIDA 33160

City/State and Zip Code

JMEXPORTLLC@GMAIL.COM

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

For further information concerning this matter, please call:

SPINENKO EVGENII

 $_{at}$ (786) 5214991

Name of Person

Area Code & Daytime 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 enclosed)

□\$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

18/	DC)RT		\sim
JIV	·Γι	ᇧᇅ	LI	

(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 Liab	oility Company v	were filed on AUGUS	T 29, 2013 and assigned	d	
Florida document number L13000122678	·		Z013 OCT 28 SECRETAR) TALLAHASS	l	
This amendment is submitted to amend the follow	ing:		TARY HASSE	•	
A. If amending name, enter the new name of t	<u>he limited liabil</u>	lity company here:		}	
JM EXPORT LLC			ES 2 0	}	
The new name must be distinguishable and end with "L.L.C."	the words "Limite	ed Liability Company," th	e designation T.C." of the abbre	viatio	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		19201 COLLINS AVE APT 832			
		DDRESS) SUNNY ISLES BEACH			
		FLORIDA 33160			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		19201 COLLINS A		<u> </u>	
		FLORIDA 33160			
B. If amending the registered agent and/or registered agent and/or the new registered office			cords, enter the name of the	e ne	
Name of New Registered Agent:	SPINENKO EVGENII				
New Registered Office Address:	19201 COL	LINS AVE APT 832			
	Enter Florida street address				
	SUNNY ISLES BEACH Florid		_, Florida <u>33160</u>		
		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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> **Address Type of Action** 19201 COLLINS AVE APT 832 SPINENKO EVGENII **MGRM** SUNNY ISLES BEACH Remove **FLORIDA 33160** Remove Remove Remove Add Remove Add Remove

D. Afai	mending any other information, enter change(s) here:	(Attach additional sheets, if necessary.)
	<u> </u>	
Dated _	26 october , 2013 .	
	Ally	y /
	Signature of a member or authori SPINENKO MAXIM	zed representantive of a member SPINENKO EVGENII

Typed or printed name of signee

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Filing Fee: \$25.00

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