#L14000123724

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K.SALY EXAMINER AUG 2 5 2014

COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: Jemin	nar LLC		
	Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Jemimar LLC/ C	CTC Managemer	nt Services LLC
		Name of Person	
	CTC Manag	ement Servi	ces LLC
		Firm/Company	
	220 Alhamb	ra Circle 11t	h Floor
		Address	
	Coral Gable	s, Fl 33134	
		City/State and Zip Code	
	pparra@mercant		
	E-mail address: (1	to be used for future annual re	port notification)
For further information con	cerning this matter, please ca	all:	
Pedro R. Pa	rra	_{at (} 305, 44	15555 Daytime Telephone Number
Name of P	erson	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	☐ \$60.00 Filing Fee, Certificate of Status &

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

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

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2014 AUG 21 PH 3: 08
ALLAHASSEE, FLORID.

Jemimar LLC

(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 Liability Company Florida document number <u>L140000123724</u>	were filed on August 7, 2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8986 NW 188th Terrace
(Principal office address MUST BE A STREET ADDRESS)	Hialeah, Fl 33018
Enter new mailing address, if applicable:	8986 NW 188th Terrace
(Mailing address MAY BE A POST OFFICE BOX)	Hialeah, FI 33018
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin 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 605, 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

Authorized Member being added or removed from our records: FILED MGR = Manager AMBR = Authorized Member 2014 AUG 21 PM 3: (Type of Action Title <u>Name</u> **Address** SELRETARY OF STATE Add ☐ Remove ☐ Add _□ Remove □ Add ☐ Remove ☐ Add ☐ Remove □ Add ☐ Remove ☐ Add □ Remove

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated August 11th , 2014	D. If amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing: (Optional) (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated August 11th 2014	• •	
E. Effective date, if other than the date of filing: (Optional) (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated August 11th 2014		TILED
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E. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated August 11th 2014		THE SEE, FLORING
	(The effective	e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
	Dated A	ugust 11th 2014
		Joun G. CIX follow 2
Signature of a member or authorized representative of a member		, , , , , , , , , , , , , , , , , , , ,
CTC Management Services LLC Typed or printed name of signee		

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Filing Fee: \$25.00