

L15000213725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

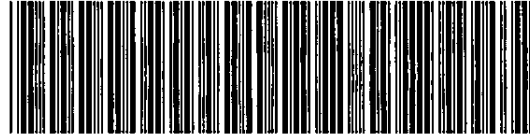
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

JAN 26 2016
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

JAM-D LLC

SUBJECT: _____
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:

Joseph Harm

Name of Person

JAM-D LLC

Firm/Company

2829 SW Lucerne St.

Address

Port St Lucie, FL 34953

City/State and Zip Code

JAMDHANDYMAN@gmail.com

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

For further information concerning this matter, please call:

Joseph Harm

_____ at (_____) _____
Name of Person Area Code Daytime Telephone Number

772 985 2810

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

TU
ARTICLES OF ORGANIZATION
OF

JAM-D 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 were filed on December 29, 2015 and assigned Florida document number L15000213725.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Katherine Krantz

New Registered Office Address:

1573 SW Herder Rd

Enter Florida street address

Port St Lucie

Florida

City

34953

Zip Code

2016 JAN 22 AM 10:19
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Katherine Krantz	2829 SW Lucerne St	<input type="checkbox"/> Add
		Port St Lucie, FL 34953	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMGR	Joseph Harm	2829 SW Lucerne St	<input checked="" type="checkbox"/> Add
		Port St Lucie, FL 34953	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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 STATE OF FLORIDA
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

