

5/10/24, 4:42 PM

Division of Corporations

H24000170766 3

L17000154034

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : LEBRON ACCOUNTING SERVICES INC
Account Number : 120110000076
Phone : (813)877-8918
Fax Number : (813)514-2806

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
JMR INVESTMENTS GROUP LLC

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2024 MAY 10 AM 8:48
DIVISION OF STATE
CORPORATIONS, FL

T. LEMIEUX
MAY 15 2024

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COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: JMR INVESTMENTS GROUP 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:

Milka Haskins CPA, EA, MAcc.

Name of Person

HASKINS & HERRERA ACCOUNTANTS

Firm/Company

5116 N ARMENIA AVE

Address

TAMPA, FL 33603

City/State and Zip Code

lebronaccounting@yahoo.com

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

For further information concerning this matter, please call:

Milka Haskins CPA, EA, MAcc

813 877-8918

at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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JMR INVESTMENTS GROUP 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 7/18/2017 and assigned Florida document number L17000154034.

This amendment is submitted to amend the following:

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

N/A

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:

4800 N FEDERAL HWY, STE 204D

(Principal office address MUST BE A STREET ADDRESS)

BOCA RATON, FL 33431

Enter new mailing address, if applicable:

4800 N FEDERAL HWY, STE 204D

(Mailing address MAY BE A POST OFFICE BOX)

BOCA RATON, FL 33431

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:

ABRAHAM OVADIA

New Registered Office Address:

4800 N FEDERAL HWY, STE 204D

Enter Florida street address

BOCA RATON

Florida 33431

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 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.

SIGN HERE

If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JEFFREY HASKINS	5116 N ARMENIA AVE	<input type="checkbox"/> Add
		TAMPA, FL 33603	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ABRAHAM OVADIA	4800 N FEDERAL HWY. STE 204D	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33431	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: 5/9/2024 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated MAY 9TH 2024

SIGN HERE

Handwritten signature

Signature of a member or authorized representative of a member

ABRAHAM OVADIA

Typed or printed name of signee