

LI 80000 29379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

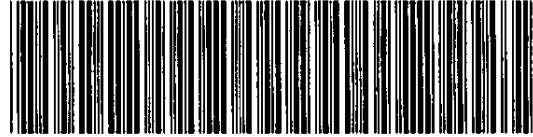
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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N COOPER
APR 30 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JMJ Farms 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:

Jason Judge
Name of Person
JMJ Farms LLC
Firm/Company
914 Inwood ter
Address
Jacksonville Florida 32207
City/State and Zip Code
Jasonmjudge@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Judge at 904 731-6358
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**

JMJ Farms 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 02/01/2018 and assigned Florida document number L18000029379.

This amendment is submitted to amend the following:

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

X

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)

X

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

X

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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:

X

New Registered Office Address:

X

Enter Florida street address

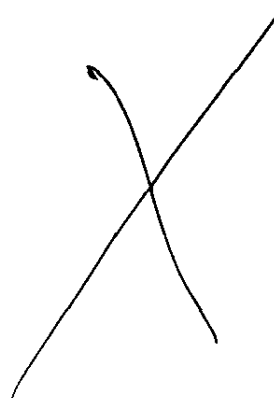
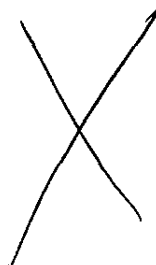
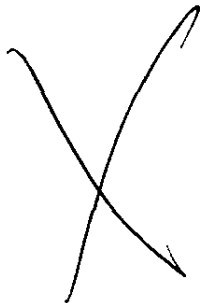
X

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:



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 | Kelly Dyess | 914 Inwood ter | <input checked="" type="checkbox"/> Add |
| | | Jacksonville Florida 32207 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| X | X | X | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| X | X | X | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| X | X | X | |
| X | X | X | |
| X | X | X | |

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

Handwritten 'X' marks on a series of horizontal lines, indicating amendments or deletions.

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

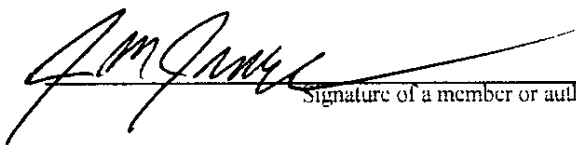
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 April 24, 2018



Signature of a member or authorized representative of a member

Jason Judge

Typed or printed name of signer