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(Re	equestor's Name)	
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BALBH TO

R. HUNT 03/13/23

COVER LETTER

TO: Registration S Division of Co		•						
	USINESS LLC	-						
SUBJECT:								
SUBJECT.	Name of Lim	ited Liability Company						
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.						
Please return all corresp	ondence concerning this matter	to the following:						
	Alvaro Almanza							
		Name of Person						
		Firm/Company		5-3				
	1402 NE 14TH TERRAC	E	T					
	Cape Coral , FLORIDA 3.	Address 3909		යි. ට 1				
	almanprilla3@gmail.com	City/State and Zip Code	E STAT	PH 3: 56				
	E-mail address: (to be used for future annual report noti	fication)	σ				
For further information	concerning this matter, please c	all:						
Alvaro Almanza		754 802-9327						
Name	of Person		e 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)	S60.00 Filing I Certificate of Certified Copy (additional copy)	Status & y				
Mailing Addre		Street Address:	otion					
Registration Division of 0	Section Corporations	Registration Se Division of Cor						
P.O. Box 63	-	The Centre of Tallahassee						
Tallahaceee			e Street Suite 810					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOSTE BOSINESS FFC	

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
JMG BUSINESS LLC	
The new name must be distinguishable and contain the words "Limited Liabili	ity 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)	1520 NW 128 Dr. Unit 107 Suntice FL 33323
B. If amending the registered agent and/or registered office at agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, enter the name of the new registered
New Registered Office Address:	And the state of t
	Enter Florida street address Florida City The Code
New Registered Agent's Signature, if changing Registered Agent:	City Pap Code 55
Thereby accept the appointment as registered agent and agre	er to act in this canacity. I further agree to comply with the

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 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>	Address	Type of Action
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