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K.SALY EXAMINER SEP 1 2 2014

COVER LETTER

Division of Co		,	
SUBJECT: JEM	IMAR LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	CTC MANA	SEMENT SERVIC	CES LLC
		Name of Person	
	 	Firm/Company	
	220 ALHAME	BRA CIRCLE 11TH	I FLOOR
		Address	
	CORAL GA	BLES, FL 33134	
	DDADDA@MED	City/State and Zip Code CANTILCTC.COM	
		to be used for future annual report notifi	ication)
For further information	concerning this matter, please c	all:	
PEDRO R	PARRA	_{at} 305, 44155	555
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

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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 were filed on 08/07/2014 and assigned Florida document number <u>L140</u>00123724 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 end with 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:

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

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	PEDRO A GONZALEZ	8986 NW 188TH TERRACE HIALEAH, FL 33018	3 ≡ Add
		8986 NW 18TH TERRACE HIALEAH, FL 33018	Remove
MGR	CRISTINA GONZALEZ	8986 NW 188TH TERRACE HIALEAH, FL 33018	= Add
		8986 NW 18TH TERRACE HIALEAH, FL 33018	■ Remove
MGR	JEMIMAR INVESTMENT INC	8986 NW 188TH TERRACE HIALEAH, FL 330	18 ≡ Add
		8986 NW 18TH TERRACE HIALEAH, FL 33018	■ Remove
			ZINSTR-8 3: 17
			LORIODA Add
			□ Remove
			 □ Add
			_□ Remove

).]	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
	Effective date, if other than the date of filing:
	the date this document is filed by the Florida Department of State)
I	Dated AUGUST 26 2014
	1) Jos. R. G.S. 12 2) Pol. 01-2
	Signature of a member of authorized representative of a member
	CTC MANAGEMENT SERVICES LLC
	Typed or printed name of signee

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Filing Fee: \$25.00

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