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| (Address) (Address) (Address) | 400352057114 | | |
| PICK-UP WAIT MAIL (Business Entity Name) | 10/21/2001014003 **25.00 | | |
| (Document Number) tified Copies Certificates of Status | 01/13/2101004001 +*10.00 | | |
| Special Instructions to Filing Officer: | | | |
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IRA R. SHAPJRO, P.A. Attorneys and Counselors at Law Baylee Executive Center, Suite 225 16375 NE 18 Avenue N. Miami Beach, FL 33162

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Ira R. Shapiro Baylee L. Shienbaum

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Dade: (305) 944-3936 Broward: (954) 763-5801 Facsimile: (305) 944-3345 E-Mail: office@irarshapiropa.com

October 20, 2020

Via FedEx 771850462166

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: JLGM, Inc. - Articles of Amendment

To Whom It May Concern:

Please find enclosed an Articles of Amendment to Articles of Organization for JLGM. Inc., a Florida limited liability company. Also enclosed is my check in the amount of \$25.00 for the filing fee.

Sincerely.

IRA R. SHAPIRO

IRS/gg Encl. sprobate margolis 101220



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 1, 2020

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IRA R. SHAPIRO BAYLEE EXECUTIVE CTR. STE 225 16375 NE '18 AVE N. MIAMI BEACH, FL 33162

SUBJECT: JLGM, INC. Ref. Number: J68363 We have received your document for JLGM, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s): The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned. If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II Supervisor

Letter Number: 320A00023983



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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPORATION: JLGM, INC

DOCUMENT NUMBER: _____

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ira R. Shapiro

Name of Contact Person

Ira R. Shapiro P.A.

Firm/ Company

16375 NE 18 Avenue, Suite 225

Address

North Miami Beach, FL 33162

City/ State and Zip Code

agordon250@aol.com

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

For further information concerning this matter, please call:

Ira R. Shapiro

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

□\$43.75 Filing Fee & Certificate of Status S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

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

| | to Articles of Incorporation of | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| LGM, INC | | 2.2. 13 ////:07 |
| (<u>Nan</u> | ne of Corporation as currently filed with the Fl | |
| 68363 | | |
| | (Document Number of Corporation (if ki | nown) |
| ursuant to the provisions of section 6 s Articles of Incorporation: - <u>If amending name, enter the new</u> | 07.1006. Florida Statutes, this <i>Florida Profit Cor</i> | poration adopts the following amendment(|
| nc.," or Co.," or the designation chartered," "professional association | "Corp," "Inc," or "Co". A professional corp n," or the abbreviation "P.A." | poration name must contain the word |
| Enter new principal office address Principal office address <u>MUST BE A</u> | | |
| | <u>STREET ADDRESS</u>) | |
| Principal office address <u>MUST BE A</u> <u>Enter new mailing address, if ap</u> (Mailing address <u>MAY BE A POS</u> <u>If amending the registered agent a</u> <u>new registered agent and/or the n</u> | <u>STREET ADDRESS</u>) <u>plicable:</u> <u>T OFFICE BOX</u> / <u>and/or registered office address in Florida, ente</u> <u>ew registered office address:</u> Ann L Gurdon | er the name of the |
| Principal office address <u>MUST BE A</u> <u>Enter new mailing address, if ap</u> (Mailing address <u>MAY BE A POS</u> | <u>STREET ADDRESS</u>) <u>plicable:</u> <u>T OFFICE BOX</u>) <u>and/or registered office address in Florida, ente</u> <u>ew registered office address:</u> <u>Ann J. Gordon</u> | er the name of the |
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Signature of New Registered Agent, if changing .

Check if applicable

 \Box The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

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(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>PT</u> <u>N</u>Change John Doe \underline{V} X Remove Mike Jones SV<u>X</u> Add Sally Smith Type of Action <u>Title</u> Name Name <u>Addres</u>s (Check One) PSD Gwen Margolis 16375 NE 18 Avenue, Suite 300 11 ____ Change North Miami Beach, FL 33162 Add х Remove PSD. Karen S. Margolis 11 Eaton Road 2) ____ Change Framingham, MA 01701 _____ Add _____ Remove 3) ____ Change _____ Add ___ Remove 4) ____ Change ____ Add _____ Remove 5) ____ Change ____ Add Remove 6) ____ Change ____ Add Remove

| E. I | lf amending o | <u>r adding</u> | additional Articles, | enter change(s) here |
|------|---------------|-----------------|----------------------|----------------------|
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(Attachvadditional sheets, if necessary). (Be specific) •

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The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable:

(no more than 90 days after amendment file date)

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.

Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

. .

□ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

| Dated Jan 1 2021 Signature Kann (By a director, president or other officer – if directors or officers have no selected, by an incorporator – if in the hands of a receiver, trustee, or other officer – if directors of a receiver, trustee, or other officer – if a selected by an incorporator – if in the hands of a receiver, trustee, or other officer – if a selected by an incorporator – if a selected by an incorporator – if a selected by a selected by an incorporator – if a selected by a sel | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| (By a director, president or other officer - if directors or officers have no | |
| | <u> </u> |
| appointed fiduciary by that fiduciary) | |
| Karen S. Margolis | |

PSD

(Title of person signing)