

L05000042039

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(Address)

(Address)

(City/State/Zip/Phone #)

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10 JUL 23 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JCM CONSULTING 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:

ALEXIS PEREZ

Name of Person

Firm/Company

930 WASHINGTON AVE STE 208

Address

MIAMI BEACH, FLORIDA 33139

City/State and Zip Code

ALEX@DADETECHSOLUTIONS.COM

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

For further information concerning this matter, please call:

ALEXIS PEREZ

Name of Person

at (**786**)

346-8965

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**

JCM CONSULTING 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 04-28-2005 and assigned Florida document number L05000042039.

This amendment is submitted to amend the following:

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

DADE TECHNOLOGY SOLUTIONS LLC

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)

930 WASHINGTON AVE STE 208
MIAMI BEACH, FLORIDA
33139

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

930 WASHINGTON AVE STE 208
MIAMI BEACH, FLORIDA
33139

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 SECRETARY OF STATE
 ALAHASSEE, FLORIDA

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:

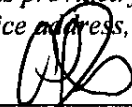
Name of New Registered Agent: ALEXIS PEREZ

New Registered Office Address: 9961 NW 27 STREET
Enter Florida street address

MIAMI, Florida 33172
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 608, 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 Changing Registered Agent, Signature of New Registered Agent

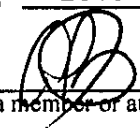
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ALEXIS PEREZ	9961 NW 27 STREET MIAMI, FLORIDA 33172	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	SANDRA BOHORQUEZ	2215 ENSENADA TERR WESTON, FLORIDA 33327	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	PATRICIA BOHORQUEZ	2215 ENSENADA TERR WESTON, FLORIDA 33327	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	TOM WILFONG	6604 SW 136 COURT MIAMI, FLORIDA 33183	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	FRANK ECHANIQUE	13419 SW 115 PL MIAMI, FLORIDA 33176	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated JULY 13, 2010



Signature of a member or authorized representative of a member
ALEXIS PEREZ

Typed or printed name of signee