·L060000	788419		
(Requestor's Name) (Address) (Address)	400136080684		
(City/State/Zip/Phone #)	and the second sec		
(Business Entity Name)	10/03/0801015015 **25.00		
(Document Number)			
Certified Copies Certificates of Status	08 OCT		
Special Instructions to Filing Officer:	-3 PH 1:14		
Office Use Only			
	J. BRYAN		

-----

OCT - 6 2008

Ξ.

## **COVER LETTER**

Т <b>О</b> :		tion Section of Corporations				
SUBJE	C <b>T:</b>	JEM	GROUP	111,	LLC	
	(Name of Limited Liability Company)					

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

÷ 1

Please return all correspondence concerning this matter to the following:

Esther Contreraz (Name of Person)

(Firm/Company) Street

7556 NW 25th Strees (Address) Margate FL 33063 (City/State and Zip Code)

For further information concerning this matter, please call:

\_ at (<u>954</u>) <u>401</u> - <u>2709</u> (Area Code & Daytime Telephone Number) eraz (Name of Person)

Enclosed is a check for the following amount:

\$25.00 Filing Fee

11

□\$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

•	1	0
AR	TICLES OF AMENDMENT	& DCT
4 D T		'S CARE
ARI	ICLES OF ORGANIZATION OF	PA II
JEM	GROUPIII, LLI	2 I. 85
( <u>Name of the Limite</u>	d Liability Company as it now appears on our re A Florida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited		8 2006 and assigned
Florida document number <u>L06000</u>	088419	
	1	
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company here:	
		,,,,,,, _
"L.L.C."	vith the words "Limited Liability Company," the de	signation "LLC" or the abbreviation
Enter new principal offices address, if appl	icable:	·
(Principal office address MUST BE A STRE	ET ADDRESS)	·
		,
	· ·	,
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	·
(Mailing address MAY BE A POST OFFIC	<u>E BOX)</u>	
	· ·	
B. If amending the registered agent and registered agent and/or the new registered	l/or registered office address on our record office address here:	ds, <u>enter the name of the new</u>
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	(Enter Floria	a street address)

, Florida \_

(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.

(City)

(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

Title	Name		Address	•	Type of Action
<u>MG-RM</u>	MARIA RO	ZON	10401 NW 19th Pembroke Pines	PLace FL 133026	Add Remove
		1		······	Add Remove
	.			1	Add Remove
					Add Remove
			· · · · · · · · · · · · · · · · · · ·		Add Remove
					Add Remove
D. If amen	ding any other informat	ion, enter change(s	) here: (Attach additional shee	ts, if necessary.)	-
		   		·	- 08 0 5 0
·	1 1 1	<u>;    ;                               </u>			SECRE DIVISION
	,,,,,				FILED DF CORPO
Dated	09-30-20 	008	miture		ED TY OF STATE CORPORATIONS
	Sig	inture of a member o	r authorized representative of a me	mber	

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00