

206 000 118 343

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

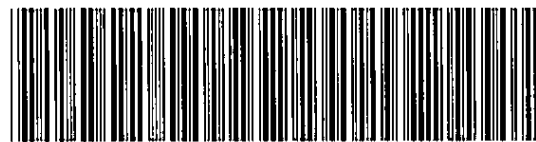
(Business Entity Name)

(Document Number)

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APR 06 2020

FILED
CLERK OF STATE
CORPORATIONS
2020-04-06 10:25:22

Amend

APR 20 2020

D CUSHING

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: J.M. & Associates, L.L.C.

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:

Robyn Turek

Name of Person

Firm/Company

2723 SE 171st Street

Address

Hawthorne, FL 32640

City/State and Zip Code

jmassocbookkeeping@gmail.com

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

For further information concerning this matter, please call:

Robyn Turek

Name of Person

352
at ()
Area Code

494-0972

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 Address:

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

FILED
STATE
RECORDS

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

J.M. & Associates L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
STATE
CLERK
JAN 10 2021
HAWTHORNE

The Articles of Organization for this Limited Liability Company were filed on April 2, 2020 and assigned
Florida document number L06000118343.

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 contain 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)

2723 SE 171st Street

Hawthorne FL 32640

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2723 SE 171st Street

Hawthorne FL 32640

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: Robyn Turek

New Registered Office Address: 2723 SE 171st Street

Enter Florida street address

Hawthorne, Florida 32640

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 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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Robyn Turek	2723 SE 171st Street	<input checked="" type="checkbox"/> Add
		Hawthorne FL 32640	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	John Turek	2723 SE 171st Street	<input checked="" type="checkbox"/> Add
		Hawthorne FL 32640	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jeremy Massicotte	5751 NE 205th Ave	<input type="checkbox"/> Add
		Williston FL 32696	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Laura Massicotte	5751 NE 205th Ave	<input type="checkbox"/> Add
		Williston FL 32696	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Laura K. Massicotte

Laura L. Massicotte

Filing Fee: \$25.00