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12 DEC 26 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JC Manufacturing Solutions
Name of Limited Liability Company

FILED
DEC 26 PM 3:17
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

Please return all correspondence concerning this matter to the following:

Cristal Dongilli
Name of Person

JC Manufacturing Solutions, LLC
Firm/Company

4604 Saxon Dr.
Address

New Smyrna Bch FL 32169
City/State and Zip Code

cristalwave@live.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cristal Dongilli at 386 314-1171
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**

J.C. Manufacturing Solutions, 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 05/17/07 and assigned
Florida document number 207000052615

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 an 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:

Cristal Dongilli

New Registered Office Address:

635 Arnau Dr

Enter Florida street address

New Smyrna
City

, Florida

32169
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.

Cristal Dongilli

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	Jerry Dongilli R.S.R	4622 Katy Dr	☐ Add
		New Smyrna, FL 32169	☒ Remove
MGRM	Jeffrey Dongilli	4604 Saxon Dr	☒ Add
		New Smyrna Beach FL	☐ Remove
		32169	
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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

Dated Dec 10, 2012.

Cristal Dongilli

Signature of a member or authorized representative of a member

Cristal Dongilli

Typed or printed name of signee

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Filing Fee: \$25.00