

L08 0000000360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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19 NOV 12 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 11 2019
S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JSM & Associates, 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:

Nancy Newlan

Name of Person

JSM & Associates, LLC

Firm/Company

P.O. Box 192

Address

Mt. Dora, Florida 32756

City/State and Zip Code

nancy.newlan@jsmairports.com

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

For further information concerning this matter, please call:

Nancy Newlan

352

508-6672

at ()

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**

JSM & Associates, LLC

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

FILED
19 NOV 12 AM 8:12
STATE OF FLORIDA
TALLAHASSEE, FLORIDA
and assigned

The Articles of Organization for this Limited Liability Company were filed on 1/2/2008

Florida document number L08000000360

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

470 County Road 448

(Principal office address MUST BE A STREET ADDRESS)

Tavares, Florida 32778

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:

New Registered Office Address:

470 County Road 448

Enter Florida street address

Tavares

City

Florida 32778

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>
SRVP	Theodore J Majewski, JR	470 County Road 448	<input checked="" type="checkbox"/> Add
		Tavares, FL 32778	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Pres	John S Majewski	470 County Road 448	<input type="checkbox"/> Add
		Tavares, FL 32778	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
VP	Richard D. Kennedy	470 County Road 448	<input type="checkbox"/> Add
		Tavares, FL 32778	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	John W. Cottrell	470 County Road 448	<input type="checkbox"/> Add
		Tavares, FL 32778	<input type="checkbox"/> Remove
			<input checked="" 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

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

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

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.

Dated November 11, 2019

Signature of a member or authorized representative of a member

John S. Majewski

Typed or printed name of signee