

L08000060227

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6383

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Account Name : ACCOUNT BOOKKEEPING CORP
Account Number : 120120000955
Phone : (407)896-1757
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JM STUD, LLC

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DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

H140001988153

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JM STUD, 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:

JOSE A LEMUS

Name of Person

ACCOUNT BOOKKEEPING CORP

Firm/Company

3300 S HIAWASSE RD STE 106

Address

ORLANDO, FL 32835

City/State and Zip Code

INFO@ABKCORP.COM

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

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TALLAHASSEE, FL 32301

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For further information concerning this matter, please call:

ANDREA PINE

Name of Person

407

Area Code

898-1757

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

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H140001988153

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

JM STUD, 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 06/18/2008 and assigned
Florida document number L08000060227

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 the abbreviation "L

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:

FERNANDO POLI

New Registered Office Address:

12600 N.E. JACKSONVILLE RD

Enter Florida street address

ANTHONY

Florida 32617

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 certify that the limited liability
company has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Registered Agent)

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

AMBR = Authorized Member

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Remove
Add

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

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

(The effective date must be specific, cannot be prior to date of receipt of filed document and cannot be more than 90 days after the date this document is filed by the Filing Department or State.)

Dated AUGUST 19TH 2014

Signature of member of authorized representative or member

JOSE ALVES FILHO -

Type or print name of signer

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