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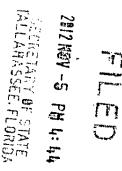
EXAMINER

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COVER LETTER

Division of Corporations
SUBJECT: JLU Pay they Shup JLC 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:
Laura Rosales Name of Person
JLM Partnership, IC FIRST & FIRM/Company
2002 N. LOIS AVE ST 620 F
EVAPA, FL 33607 City/State and Zip Code OUVOO VOSCILED (D) ONOUL COUM
E-mail address: (to be used for future annual report potification)
For further information concerning this matter, please call:
Lauva Rosales at (813) 878-2900 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) 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

JAM Fourtreve	Ship L		· · · · · · · · · · · · · · · · · · ·	
(Name of the Limited Liability Con (A Florida Limite	ed Liability Company)	on qur records.)		
The Articles of Organization for this Limited Liability Comparing April 1900 102935	any were filed on 10	26/200	and assig	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited l	iability company here:			
The new name must be distinguishable and end with the words "L" "L.L.C."	imited Liability Company	," the designation "I	LC" or the ab	breviation
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·	70 2	*******************************
(Principal office address MUST BE A STREET ADDRESS	2	· · · · · · · · · · · · · · · · · · ·	12 X	
	····			41
		:	भूति क्या भूति क्या	-
Enter new mailing address, if applicable:			2) - R	<u></u>
(Mailing address MAY BE A POST OFFICE BOX)		نثر	5 5	
		<u> </u>	£-	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		r records, <u>enter</u> 1	the name of	the new
Name of New Registered Agent:				
New Registered Office Address:		,		
	Enter Florida street address			
		, Florida		
	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 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.

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 Type of Action** Mary S. Uribe 1604 Pinellas Road [] Add Remove Remove Remove Remove Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necess	sary.)
	maler Maranda (Santa Antonio)
·	
	
Dated HOYEMURY 2. 2012.	·
Signature of a member or authorized representative of a member	,
Laura A Rosales Typed or printed name of signee	
Page 3 of 3	72.2
Filing Fee: \$25.00	ZIIZ NOV
	SSEE P IT
	FS B
	FLORID.

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