# 109000103308

| (Requestor's Name)                      |  |  |  |  |  |
|---|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |

Office Use Only



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05/04/11--01039--016 \*\*25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

T. CLINE
MAY - 6 2011

EXAMINER

# **COVER LETTER**

| TO:       | Registration Section Division of Corporations   |          |
|-----------|---|----------|
| SUBJE     | CT: The JML Group, LLC  Name of Limited Liability Company   |          |
| The encl  | osed Articles of Amendment and fee(s) are submitted for filing.   |          |
| Please re | eturn all correspondence concerning this matter to the following:   |          |
|           | Melissa Felices  Name of Person   |          |
|           | the JMC Group LCC   |          |
|           | 9055 SW 73 CT APT 205 Address   |          |
|           | Man Fr 33156  City/State and Zip Code  Melissa (2) Imparter com.  |          |
|           | Melissa musarter com. E-mail address: (to be used for future annual report notification)  |          |
| For furth | er information concerning this matter, please call:   |          |
|           | Name of Person  Area Code & Daytime Telephone Number:  Area Code & Daytime Telephone Number:  | -77)<br> |
| Enclosed  | is a check for the following amount:  0 Filing Fee \$\sum_{\text{\$\sin_{\text{\$\sum_{\text{\$\sum_{\text{\$\sum_{\text{\$\sum_{\text{\$\sum_{\text{\$\sum_{\cmtx{\$\sum_{\cmtilent{\$\sum_{\sum_{\cmtilent}}}}}}}}}}}}} \end{\frac{\sum_{\text{\$\sum_{\text{\$\sum_{\cmtilent{\$\sum_{\cmtilent{\$\sum_{\cmtilent{\$\sum_{\cmtilent{\$\sin_{\sin_{\cmtilent{\$\sin_{\cmtilent{\$\sin_{\cmtilent{\$\sin_{\cmtilent{\$\sin_{\cmtilent{\$\sin_{\cmtilent{\$\sin_{\sin_{\cmtilent{\$\sin_{\cmtilent{\$\sin_{\cmtilent{\$\sin_{\cmtilent{\$\sin_{\cmtilent{\$\sin_{\cmtilent{\$\sin_{\cmtilent{\$\sin_{\cmtilent{\$\sin_{\cmtilent{\$\sin_{\cmtilent{\$\sin_{\cmtilen}\}}\sin_{\$\sin_{\cmtilent{\$\sin_{\cmtilent{\$\sin_{\cmtilent{\$\sin_{\cmtilent{\$\s |          |
| \$25.0    | 0 Filing Fee \$\ \text{S55.00 Filing Fee & S60.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) \$\ \text{Certified Copy (additional copy is enclosed)} \end{array}   |          |

### 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

| The 1  | ML GOOD  | LLC                                  |  |  |  |
|--|--|--------------------------------------|--|--|--|
| ( <u>Name of the Limited Liability Co</u><br>(A Florida Limi         | mpany as it now appears on our ited Liability Company) | records.)                            |  |  |  |
| The Articles of Organization for this Limited Liability Comp         | pany were filed on OCT                                 | 26,200 and assigned                  |  |  |  |
| Florida document number  |  |                                      |  |  |  |
| 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 "L.L.C." | Limited Liability Company," the de                     | esignation "LLC" or the abbreviation |  |  |  |
| Enter new principal offices address, if applicable:                  |  |                                      |  |  |  |
| (Principal office address MUST BE A STREET ADDRES.                   | <u> </u>   | ZOI                                  |  |  |  |
|  |  |                                      |  |  |  |
|  |  | AAT A                                |  |  |  |
| Enter new mailing address, if applicable:                            |  | SER X                                |  |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)                           |  | OF STATE                             |  |  |  |
|  |  | LST C                                |  |  |  |
|  |  | ND J                                 |  |  |  |
| B. If amending the registered agent and/or registered                |  | <b>P</b>                             |  |  |  |
| registered agent and/or the new registered office address            | <u>here</u> :  |                                      |  |  |  |
|  |  |                                      |  |  |  |
| 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

| <u>Title</u> | <u>Na</u>        | <u>.me</u>                      | Address   | Type of Action |
|--------------|------------------|---------------------------------|---|----------------|
| Mg.          | 00 <u>l</u><br>R | LUZ Maria                       | 9055 SW 13 CT APT 205<br>mami PL 33156                | Add Remove     |
| MGR          | m L              | UZ Maria<br>Gonzalez            | 9055 SW 73 CT ATT<br>205 Mami FL 33156                | Add Remove     |
|              |                  |                                 |   | Add<br>Remove  |
|              | _                |                                 |   | Add<br>Remove  |
|              | <u> </u>         |                                 |   | Add Remove     |
|              |                  |                                 |   | Add Remove     |
| D. If an     | mending an       | y other information, enter chan | ge(s) here: (Attach additional sheets, if necessary.) | OF STATE       |
|              |                  |                                 |   | -              |
| Dated        | May              | 2 . 21                          | <u>oil</u> .  | -              |
|              |                  | Signature of a member           | er or authorized representative of a member           |                |
|              |                  | Mells8a Fr                      | d or printed name of signee                           | _ <del>_</del> |

Page 2 of 2

Filing Fee: \$25.00