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SECRETARY OF STATE

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COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	JMO I	Holdings, LLC		
5000201.		ited Liability Company	<u> </u>	
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	ondence concerning this matter	r to the following:		
	M	iguel A. Maspons, Esq.		
		Name of Person		
		Abadin Cook		
Firm/Company				
9155 South Dadeland Blvd., Suite 1208				
	,	Address		
Miami, FL 33156				
City/State and Zip Code				
mmaspons@abadincook.com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
	essa M. Fortun of Person	at (305) 670- Area Code & Daytime	4777 x 2241	
Name	011013011	Aica Code & Daytime	тегерионе гчиност	
Enclosed is a check for t	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

JMO Holdings, LLC					
(Name of the Limited Liability (A Florida L	Company as it now appearmited Liability Company)	ars on our records.)			
The Articles of Organization for this Limited Liability Co Florida document number	ompany were filed on	11/09/2009	and assigned		
This amendment is submitted to amend the following:	4. J 12. L 124.				
A. If amending name, enter the new name of the limit	ted napinty company ne	<u>:re</u> :			
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Comp	pany," the designation "LI	.C" or the abbreviation		
Enter new principal offices address, if applicable:		<u> </u>			
(Principal office address MUST BE A STREET ADDRI	ESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered agent and/or the new registered office addr		our records, enter th	e name of the new		
Name of New Registered Agent:					
New Registered Office Address:					
	E	Inter Florida street addr , Florida	ess A C C R		
	City	, 11014441	Zip Code		
New Registered Agent's Signature, if changing Registered			SSEE S		
I hereby accept the appointment as registered agent a the provisions of all statutes relative to the proper and accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	d complete performance ent as provided for in C	e of my duties, and I ar Chapter 608, F.S. Or, i	ea-to comply willing mFantilian with and fais document is		

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 Name <u>Address</u> Type of Action <u>Title</u> MGRM Miguel A. Maspons, Esq. Abadin Cook-9155 S. Dadeland Blvd., ☐ Add Remove #1208 Miami, FL 33156_ ☐ Add ☐ Remove ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 25, Dated_ Signature of a member or authorized representative of a member Whitney S. Corderi

Page 2 of 2
Filing Fee: \$25.00

Typed or printed name of signee