

L10000021433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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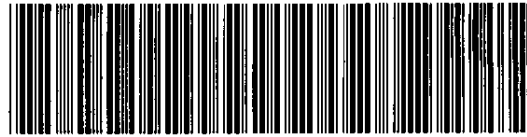
(Business Entity Name)

(Document Number)

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2011 JUL -1 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JUL - 5 2011

EXAMINER

B.F. GODFREY, P.A.

ATTORNEY AT LAW

2601 TECHNOLOGY DRIVE • ORLANDO, FL 32804

PHONE (407) 701-7530 FAX (407) 578-2347

June 28, 2011

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: JCM Innovations, LLC

Dear Sirs:

The enclosed are a Articles of Amendment and my client's check # 2145 in the amount of \$25.00 for the filing fee.

Please return all correspondence concerning this matter to the undersigned.

For further information concerning this matter, please call or email me at the number and address shown on this letterhead.

Sincerely,



B.F. "Biff" Godfrey
Enclosures

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on Feb. 25, 2010 and assigned
Florida document number L10000021433

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.L.C."

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:

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

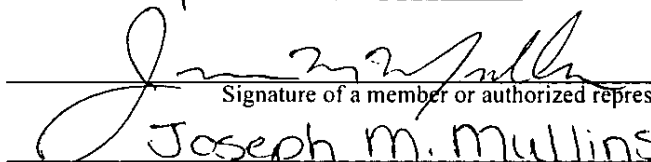
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Joseph M. Mullins	4426 Begonia Ct. Windermere, FL 34786	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Cathy L. Mullins	4426 Begonia Ct. Windermere, FL 34786	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are.

Dated June 24th, 2011.


 Signature of a member or authorized representative of a member
 Joseph M. Mullins
 Typed or printed name of signee

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 TALLAHASSEE, FLORIDA

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