

L10000024050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

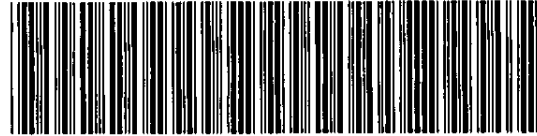
(Business Entity Name)

(Document Number)

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16 OCT 17 PM 3:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 17 2016

Y SULKED

NEW



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 22, 2016

ALISA MITCHELL  
1916 NE 7TH ST  
OCALA, FL 34470

SUBJECT: JLM OF OCALA LLC  
Ref. Number: L10000024050

We have received your document for JLM OF OCALA LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 816A00020389

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** JLM of Ocala, 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:

Alisa Mitchell

Name of Person

Firm/Company

1916 NE 7th St

Address

Ocala, FL 34470

City/State and Zip Code

alisamitchellcpa@gmail.com

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

For further information concerning this matter, please call:

Alisa Mitchell

Name of Person

at ( 352 ) 572-9388

Area Code

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

JLM of Ocala, 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 03/03/2010 and assigned  
Florida document number L10000024050.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

JLM Ocala, LLC

The new name must be distinguishable and contain 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*

*City*, 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Alisa Mitchell	1916 NE 7th St	<input checked="" type="checkbox"/> Add
		Ocala, FL 34470	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	John Mitchell	1916 NE 7th St	<input checked="" type="checkbox"/> Add
		Ocala, FL 34470	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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DEPARTMENT OF  
TALLAHASSEE, FLORIDA  
OCT 17 PM 3:00  
FILED

15 OCT 17 PM 8:06  
STATION OF PILOT  
TALLAHASSEE, FLORIDA

RECEIVED  
OCT 17 PM 3:56  
U.S. DEPT. OF JUSTICE  
MILWAUKEE, WISCONSIN

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated Sept 16, 2016

Ala. Nutchell

Signature of a member or authorized representative of a member

Alisa Mitchell

Typed or printed name of signee