

L10000024635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

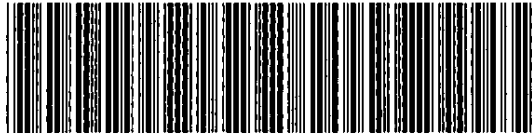
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/30/10--01033--003 **25.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS
FILED
10 APR 30 PM 3:07

T. HAMPTON
MAY - 8 2010
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JMS & SONS, 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:

Post Formation Filings
(Name of Person)

MyCorporation
(Firm/Company)

23586 Calabasas Rd., Suite 102
(Address)

Calabasas, California 91302
(City/State and Zip Code)

For further information concerning this matter, please call:

Post Formations at (877) 692-6772
(Name of Person) (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

MyCorporation®

23586 Calabasas Rd. Suite 102
Calabasas, CA 91302

Toll-Free: 888-692-6778 | Fax: 818-879-8005
Email: customerservice@mycorporation.com

ROUTINE SERVICE FILING REQUEST

April 16, 2010

Division of Corporations
Florida Department of State
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Amendment: JMS & SONS, LLC

Ladies and Gentlemen:

Please find enclosed for filing amendment documents for the above referenced entity.

Also enclosed is a check for filing fees.

Please return the filed documents to the address below.

Thank you for your assistance.

Sincerely,

My Corporation
23586 Calabasas Rd., Suite 102
Calabasas, California 91302

**PLEASE DIRECT ALL QUESTIONS REGARDING THIS FILING REQUEST TO THE
POST FORMATIONS DEPARTMENT AT 877-692-6772.**

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

JMS & SONS, 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 03/04/2010 and assigned
Florida document number L10000024635.

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."

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)

RECEIVED
DIVISION OF CORPORATIONS
APR 30 PM 3:57

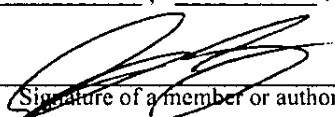
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Shaffer, Heather	634 SW Carter Ave. Port Saint Lucie, FL 34983	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Shaffer, Nick	634 SW Carter Ave. Port Saint Lucie, FL 34983	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Shaffer, Madison	634 SW Carter Ave. Port Saint Lucie, FL 34983	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Shaffer, Alexis	634 SW Carter Ave. Port Saint Lucie, FL 34983	<input checked="" 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.)*

Dated 4/23/10



Signature of a member or authorized representative of a member

Joseph Shaffer, MGRM

Typed or printed name of signee

5120
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 10 APR 30 PM 3:57