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SEURETARY OF STATE
AND AHASSEE: FLORIDA

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: TEM Junding Croup &C.  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:
James McCabe  Name of Person
JEM Markeling Group ARC (New Name)
851 S. E. 11th C.L. Address
H. Hauderdab H. 33316 City/State and Zip Code) City/State and Zip Code) E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at 954 733 -646 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:  \$\frac{1}{2}\$5.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  \$\frac{1}{2}\$55.00 Filing Fee & 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

ARTICLES OF C	RGANIZATION	FILED
· · · · · · · · · · · · · · · · · · ·	F	10 MAY IS
Name of the Limited Liability Comps (A Florida Limited)	my as it now appears on our records.) Liability Company)	10 MAY 10 PM 2: 42 SECRETARY OF STATE FALLAHASSEE, FLORIDA
The Articles of Organization for this Limited Liability Company Florida document number <u>L1000034066</u>	were filed on 389 30 effective 36	10 and assigned 98/3010
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab  The new name must be distinguishable and end with the words "Lim"L.L.C."	p. H.H.C.	n "LLC" or the abbreviation
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	851 S.E. 1144 (	¥. 10; H. 33316
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	851 S.E. 11 th C H. faudera	1 ale 40 1 33316

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

1- 1-

Zin 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

Page 1 of 2

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

**Title Type of Action Address** Name □ Add Remove ☐ Add ☐ Remove Add 🔲 Remove ∏Add Remove ∏Add Remove If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated nature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00