

L10000056576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

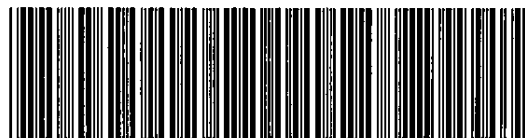
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/09/14--01011--002 **11.25

08/13/14--01005--010 **43.75

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SEP 09 2014
J. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 19, 2014

JAMES P LEROY
10549 N. FLORIDA AVE., STE G
TAMPA, FL 33612

SUBJECT: JPM SALES GROUP LLC
Ref. Number: L10000056576

We have received your document for JPM SALES GROUP LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

There is a balance due of \$11.25.

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 014A00017763

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JPM Sales Group 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:

James P. LeRay
Name of Person

JPM Sales Group
Firm/Company

218 E. Bearss, Ste 375
Address

Tampa, FL 33613
City/State and Zip Code

jleray@jpm-salesgroup.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

James LeRay at (813) 909-1112
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

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

JPM Sales Group 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 5/26/2010 and assigned
Florida document number L10000056576

This amendment is submitted to amend the following:

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

JPM Sales and Marketing Group LLC

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)

1414 Kensington Woods Dr.
Lutz, FL 33549

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

218 E. Bearss Ave. Ste 375
Tampa, FL 33613

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:

N/A

New Registered Office Address:

Enter Florida street address

Florida

City

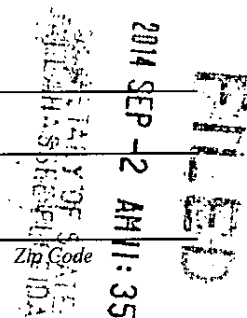
Zip Code

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 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.

N/A

If Changing Registered Agent, Signature of New Registered Agent



If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	Jean LeRoy	218 E. Bearss Ave.	<input checked="" type="checkbox"/> Add
		Suite 375	<input type="checkbox"/> Remove
		Tampa, FL 33613	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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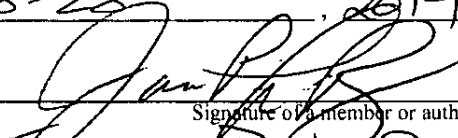
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CLERK OF DISTRICT COURT
STATE OF FLORIDA

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 8-28, 2014



Signature of a member or authorized representative of a member
James P. Leroy

Typed or printed name of signee

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA