

L10000071424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

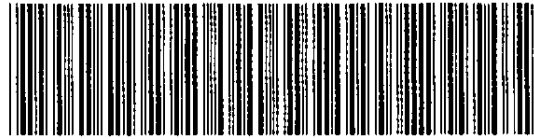
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T. CLINE
JUL 20 2010
EXAMINER

TO ACKNOWLEDGE
SUFFICIENCY OF FILING

2010 JUL 20 PM 2:31

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JUL 20 PM 2:36

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JAM GIL 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:

STEPHEN MANDELL

(Name of Person)

CARRIER SERVICES OF FLORIDA

(Firm/Company)

1357 E. LAFAYETTE STREET

(Address)

TALLAHASSEE, FL 32301

(City/State and Zip Code)

For further information concerning this matter, please call:

STEPHEN MANDELL

(Name of Person)

at (850) 942-7323

(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

FILED
10 JUL 20 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

JAM GIL 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 07/07/2010 and assigned
Florida document number L10000071624.

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)

5400 WOODLAKE DR NE

APT 201

PALM BAY, FL 32905

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME AS ABOVE

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>
MGR	JAMES GILMAN	8665 101 AVE	<input type="checkbox"/> Add
		VERO BEACH, FL 32967	<input checked="" type="checkbox"/> Remove
MGR	ASHLEY P ROCKEL	5400 WOODLAKE DR NE	<input checked="" type="checkbox"/> Add
		APT 201	<input type="checkbox"/> Remove
		PALM BAY, FL 32905	<input type="checkbox"/>
			<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)

① OWNERSHIP CHANGE

② ADDRESS CHANGE

Dated JULY 20, 2010

Stephen Mandell

Signature of a member or authorized representative of a member

STEPHEN MANDELL

Typed or printed name of signee

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10 JUL 20 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA