## L10000075228

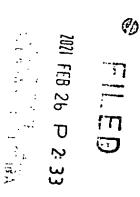
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## **COVER LETTER**

TO: Registration Se Division of Cor			
	erty Services, LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Mel Johnson		
		Name of Person	
	JMA Property Services, LI	"C	
		Firm/Company	
	PO Box 2505		
	***************************************	Address	
	Oldsmar, FL 34677		
		City/State and Zip Code	
	mjohnson@titlese.com		
		to be used for future annual report no	tification)
For further information c	concerning this matter, please ca	all:	
Mel Johnson		813 513-9201 at ()	
Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addres</u> Registration S Division of C	Section	Street Address: Registration So Division of Co	
P.O. Box 632	•	The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JMA PROPERTY SERVICES, 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 July 18, 2010	and assigned
Florida document number L10000075228		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	<del></del> _	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>er</u>	nter the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
•	Enter Florida street ad	ddress - C
-1		Florida 🔀 🚬
	City	Florida Zip ode
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office	re to act in this capacity, performance of my dutie provided for in Chapter 6	I further agree to comply with s, and I am familiar with and 05, F.S. Or, if this Docum <b>an</b>
company has been notified in writing of this change.		: 

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>	Type of Action
MGR	AUTY, ALISTAR	P.O. Box 2505	□Add
		Oldsmar, Florida 34677-0047	■Remove
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	<del></del>		DAdd
			□Remove
			☐ ☐ Change
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	the Department o			r -	를 : ' <b>' '&gt;'</b>	,
ocument's effective date on record specifies a delayed of		not an effective time.	, at 12:01 a.m. on the e		The 90t	ay after the
ocument's effective date on record specifies a delayed ef	fective date, but r	not an effective time.	, at 12:01 a.m. on the e			ay after the
an effective date is listed, the date inserted in to ocument's effective date on record specifies a delayed eff is filed.  Pated FERMAN	fective date, but r		, at 12:01 a.m. on the e			ay after the