#1/1000/6972

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



500200638275

04/11/11--01008--027 **25.00

HILEU 11 APR 11 PH 2: 24 ALLAHASSEE, FLORIDA

EXAMINER

APR 1 3 2011

COVER LETTER

TO: Registration S Division of Co	Section orporations				
SUBJECT:	JA	MSA LLC			
30 3 0201.	Name of Lim	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.			
Please return all corresp	oondence concerning this matter	r to the following:			
Isaac Benmergui					
. Name of Person					
Law Offices of Isaac Benmergui					
Firm/Company					
	1111	Kane concourse, suite 603			
Address					
	hav	harbor islands, fl 33154			
City/State and Zip Code					
		gaonlaw@gmail.com			
	E-mail address: (to be used for future annual report notif	ication)		
For further information	concerning this matter, please of	call:			
	ac benmergui	ai \	397-8547		
Name	of Person	Area Code & Daytim	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

11 APR II PM 2: 24

SECRETARY OF STATE
TALLAHASSEE, M. OPINA

JAMSA			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	02/09/2011	and assigned
Florida document numberL11000016972			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Comp	any," the designation	1 "LLC" or the abbreviation
Enter new principal offices address, if applicable:	P.O. Box 80	1236 (MA	ILING)
(Principal office address MUST BE A STREET ADDRESS)	Aventura, Fl	orida 33280	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>ente</u>	r the name of the new
Name of New Registered Agent:			
New Registered Office Address:	E)	nter Florida street d	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Sybill Cohen	P.O. Box 801236 Aventura, Florida 33280	Add ☐ Remove
MGR_	Aaron Alan Cohen	P.O. Box 801236 Aventura, Florida 33280	✓ Add ☐ Remove
			Add Remove
D. Ifamen	ding any other information, enter o	change(s) here: (Attach additional sheets, if necessary.)	_
_			_
_			_
Dated			
		OrcleTAy Cohe 4 - Manager Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00