LN000144513

	augstor's Nome	
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Du	oness Entry Na	110)
(Da		
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
		•
Special Instructions to	Filing Officer:	
'	J	
		ļ
I		H
		-

Office Use Only

B. KOHR
JUN 2 9 2012
EXAMINER



600236592656

06/25/12--01007--020 **30.00

SECRETARY OF SIMIL ON DIVISION OF CORPORATIONS

COVER LETTER

	on Section f Corporations	**	•
SUBJECT:	JM&A I	MOTORS LLC	
	Name of Lim	ited Liability Company	
The enclosed Articl	es of Amendment and fee(s) are sul	bmitted for filing.	
Please return all cor	rrespondence concerning this matter	r to the following:	12 MILES OF CORP.
		Jeffery R Mitchell	**************************************
		Name of Person	ر برن م
	•	JM&A MOTORS LLC	•
	**************************************	Firm/Company	
		5162 Deeson Pte Ct	
		Address	
		Lakeland Fl 33805	
		City/State and Zip Code	
	je	effm424@yahoo.com to be used for future annual report notifications	
	E-mail address: (to be used for future annual report notification	ation)
For further informa	tion concerning this matter, please of	call:	
<u></u>	jeffery r mitchell		79-9252
N	ame of Person	Area Code & Daytime	Telephone Number
Enclosed is a check	for the following amount:		
\$25.00 Filing Fe	ee	\$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

JM8	A MOTORS LLC		P _c
(Name of the Limited Liabil	ity Company as it now appea a Limited Liability Company)	rs on our records.)	
(A Flotto	a Limited Liability Company)		4 27
The Articles of Organization for this Limited Liability	Company were filed on	06/19/2012	and assigned
Florida document number L11000144593			1
	 ·		10 2
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company he	<u>re</u> :	
, <u> </u>			
The new name must be distinguishable and end with the w	ords "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:		<u></u>	
<u>(Principal office address MUST BE A STREET ADI</u>	ORESS)		
	, , , , , , , , , , , , , , , , , , , 		
Enter new mailing address, if applicable:			
• • • • • • • • • • • • • • • • • • • •			
(Mailing address MAY BE A POST OFFICE BOX)			
	<u> </u>		
B. If amending the registered agent and/or reg		our records, enter t	<u>he name of the new</u>
registered agent and/or the new registered office ac	iaress nere:		
Name of New Registered Agent:			<u> </u>
N. B			
New Registered Office Address:	Ē	nter Florida street add	WACE
	151	noi Pivinaa sireet aaa	Caa
<u> </u>		, 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Amanda Mitchell	5162 Deeson Pte Ct Lakeland Fl 33805	Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if necessary	.)
_			
_			
Dated			
	Signature of a 1	member or authorized representative of a member Jeffery R mitchell Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00