L12000027646

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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Special Instructions to	Filing Officer:	





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T. HAMPTON

COVER LETTER

TO:	Registration Section Division of Corpo			,	
SUBJI	ECT:	JMC Proper	ty Services, "LLC"		
			ed Liability Company		
		••			
The en	closed Articles of Ar	nendment and fee(s) are sub	mitted for filing.		
Please	return all correspond	ence concerning this matter	to the following:		
			Jose M Cata		
			Name of Person		
			Firm/Company		
		41	57 Wimbledon Drive		- py , nap , spillenningan
			Address		
		с	ooper City, Fl 33026		
			City/State and Zip Code		
		jmcprope E-mail address: (to	ertyservicesllc@gmai be used for future annual repo	l.com	
For fur	ther information con-	cerning this matter, please ca	•	, , , , , , , , , , , , , , , , , , , ,	
		e M Cata	at (_954)	815-27	
	Name of Po	erson	Area Code &	Daytime Telephor	e Number
Enclose	ed 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 en		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



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

12 MAR 13 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

March 2, 2012

JOSE M CATA 4157 WIMBLEDON DR COOPER CITY, FL 33026

SUBJECT: JMC PROPERTY SERVICES, "LLC"

Ref. Number: L12000027646

We have received your document for JMC PROPERTY SERVICES, "LLC" and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 312A00008404

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JM	C Property Services, "LL	C"	
(<u>Name of the Limite</u> (d Liability Company as it now appea A Florida Limited Liability Company)	ers on our records.	
The Articles of Organization for this Limited I Florida document numberL1200002		02/27/2012	and MAR
This amendment is submitted to amend the fol	J		F CORPOR
A. If amending name, enter the new name of	of the limited liability company he	<u>re</u> :	T. CO
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Comp	any," the designation "l	LLC" or the abbreviation
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u></u>		
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:		our records, enter t	the name of the nev
New Registered Office Address:	4157 Wimbledon Drive		
ATEM AND INCIDENCE OF THE PROPERTY.		nter Florida street ada	iress
	Cooper City	, Florida	33026
	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

Name					Type of Actio Add Remove Add Remove Add Remove
					Remove Add Remove Add
					Remove Add
					Add Remove
					Add Remove
					Add Remove
any other information,	, enter change(s	s) here: <i>(Attach</i>	additional she	ets, if necessary.	
					SECRETA DIVISION DI 12 HAR
		<u>. </u>		<u> </u>	FILEU SIATE STATE OF CORPORATIONS
	any other information,	any other information, enter change(s			any other information, enter change(s) here: (Attach additional sheets, if necessary.

Jose M Cata
Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00

Signature of a member or authorized representative of a member