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T. CLINE
OCT 23 2012
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: JMJR Holdings 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:	
Jennifer Martin Name of Person	
JMJR Holdings LLC Firm/Conjpany	
1381 SW Eagle Nest Way	
Palm Lity, FL 34990 City/State and Zip Code	
MARTIN_ IENNIFERL ® HOTM AIL. LotM E-mail address: (to be used for future annual report notification)	l
For further information concerning this matter, please call: Jennifer L Marko at (954) 263-1764 Name of Person Area Code & Daytime Telephone Number	SECSETARY OF ALLAMASSES
(additional copy is enclosed) Certified C	of Status & C

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

(Name of the Limited Liability (A Florida L	Company as it now appears on imited Liability Company)	our records.)			
The Articles of Organization for this Limited Liability Co Florida document number <u>L12000397477</u>	ompany were filed on3	21/12	_ and assig	ned	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ted liability company here:				
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company,"	the designation "LLC	or the ab	breviation	
Enter new principal offices address, if applicable:		رده الحور دره الحور	green .		
(Principal office address MUST BE A STREET ADDR	ESS)		12	* 1 L	
		3 -	2	1 r.1.	
Enter new mailing address, if applicable:			15	American de la companya de la compan	
(Mailing address MAY BE A POST OFFICE BOX)		18 A	<u>.</u>		
B. If amending the registered agent and/or registered agent and/or the new registered office addr		records, enter the	name of	the new	
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 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 **Type of Action Title** Address Name Romano |▼[]Add Remove ☐ Add Remove ☐ Add Remove Remove: ■Add _ Remové 16 . Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) change to MGRM Dated October 18 Signature of a member or authorized representative of a member Jennifer L. Martin Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00