L12000129877

Office Use Only



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2013 FEB - S AM IO: 11
SECRETARY OF STATE
ANASSEE FLORIDA

FEB 07 2012 D. BRUCE

COVER LETTER

, TO: Registration Section Division of Corpora				
SUBJECT: TMT	Hollywood Name of Limite	Design, LLC d Liability Company		
The enclosed Articles of Ame	ndment and fee(s) are subm	nitted for filing.		
Please return all corresponden	ce concerning this matter to	o the following:		
_	KATHLEE	Name of Person		
IMI_	Hollywood Des	Sign LLC / DBA F	lorioa Room	
_	11689 50	N72NO CIL' Address	2018 FE3	
fil small -	OCALA, F	1 34476	B-5	Prom
Letters -	Komoore (E-mail address: (to	City/State and Zip Code Code	AMIO: 11 Y OF STATE SEE FLORID:	
For further information conce		, , , ,	ROATE I	
RATH Y M	gore son	at (<u>904</u> <u>887</u> <u>5</u> Area Code & Daytime Tel	ephone Number	
Enclosed is a check for the fo	_			
- 0	\$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:	STREET/COURIER	ADDRESS:	
Registratio		Registration Section Division of Corporation		
P.O. Box 6		Clifton Building 2661 Executive Center Tallahassee, FL 32301	Circle	



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 15, 2013

KATHLEEN M. MOORE 11689 SW 72ND CIRCLE OCALA, FL 34476

SUBJECT: JMJ HOLLYWOOD DESIGN, LLC

Ref. Number: L12000129877

We have received your document for JMJ HOLLYWOOD DESIGN, LLC and your check(s) totaling \$30.00. However, the document has not been filed and is being retained in this office for the following:

Please note the money amounts differ on the check. Please send a corrected check for the proper amount. The correct amount is \$30.00.

Please return 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.

Deborah Bruce Regulatory Specialist II

Letter Number: 213A00001119

2013 FEB - 5 AM 10: 11

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

Name of the Limited Liabili (A Florid	Des ity Company	as Whow Appear	s on our records		
(A Florid	a Limited Liab	oility Company)	s on our records.		
The Articles of Organization for this Limited Liability	Company w	ere filed on	oct, 11,20	and assi	gned
Florida document number <u>L12 000 129</u>	877		3 3		
This amendment is submitted to amend the following:	1				
A. If amending name, enter the new name of the li	mited liabilit	y company her	<u>e</u> :		
The new name must be distinguishable and end with the w "L.L.C."	vords "Limited	Liability Compa	ny," the designation	"LLC" or the al	breviation
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADD	DRESS)			<u> </u>	
	•				
Enter new mailing address, if applicable:				B-5 TARY	CHARLES TO THE PARTY OF THE PAR
(Mailing address MAY BE A POST OFFICE BOX)				E C A	
				LOS TA	1
			,		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		e address on o	ur records, <u>enter</u>	the name of	the new
Name of New Registered Agent:	CATHLE	en M	Moore		
New Registered Office Address:	11689	Eni	72 NO C1 Ter Florida street ac	ddress	
	OCAL	4	, Florida _	34476	>
New Degistered Agent's Signature if changing Degiste		City		Zip Code	
New Registered Agent's Sungfure if changing Vegiste	ros Assort				

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u> **Name Address** Type of Action 115 Lemonwood St JENKINS M JACQUELINE 1115 LEMMON ST MGRM Holly wood F/33019 K Remove Remove Remove Remove

:d	JANUARY 9, 2013.
ed	SANUARY 9, 2013. Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

2018 FEB:-5 AH IO: 11