

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 : (305)634-3694

Fax Number

: (305)633-9696

\*\*Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please. \*\*

Email Address:

## LC AMND/RESTATE/CORRECT OR M/MG RESIGN MIM JCM ENTERPRISES, LLC

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Page Count	05
Estimated Charge	\$25.00

C. LEWIS FEB 2.7 2013

**EXAMINER** 

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2/26/2013

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## **COVER LETTER**

TÖ:

Registration Section Division of Corporations

SUBJECT:

## MIMJCM ENTERPRISES 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:

MAX A ADAMS ESQ

Name of Person

THE MEDILAW FIRM

Firm/Company

325 ALMERIA AVENUE

Address

CORAL GABLES, FLORIDA

City/State and Zip Code

angie@themedilawfirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela Perez

Name of Person

305,444-3484

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

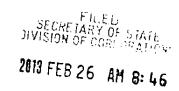
□\$30.00 Filing Fee & Certificate of Status

□\$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 Taliahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



MIM JCM Enterprises, LLC				
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)				
The Articles of Organization for this Limited Liability Company were filed on 01/10/2013 and assigned Florida document number L13000005523				
This amendment is submitted to amend the following:				
A. If smending name, enter the new name of the limited liability company here:				
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."				
Eater new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:				
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.				

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If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title hand and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member		2813 FEB 26 AM 8: 46		
Title	Name	<u>Address</u> <u>T</u>	ype of Action	
MGRM	Hans Steeve Morel	2501 NW 99th Avenue	Add	
		Coral Springs, FL. 33065	Remove	
<del></del>			Add Remove	
<del></del>			Add Remove	
<del>, ,,,,,,</del>			Add Remove	
			Add Remove	
<del></del> .—			Add Remove	

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D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if ne	Cossary.) 2013 FED 2-
		2813 FEB 26 AM 8: 46
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Dated	May Dowl	
	Signature of a member or authorized representative of a member	,
	Marie Ignace Morel	
	Typed or printed name of signee	

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Filing Fee: \$25.00

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