

L13000009843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

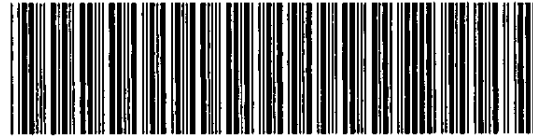
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/27/17--01004--015 **25.00

FILED
17 MAR 27 AM 7:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

JM ESTATE MANAGEMENT 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 1/16/13 and assigned
Florida document number L13000009843.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

2 DEGREES CONSULTING LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6666 ALISO AVE
WEST PALM BEACH, FL 33413

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME AS ABOVE

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:

JASON MATTHEW

New Registered Office Address:

6666 ALISO AVE

Enter Florida street address

WEST PALM BEACH

City

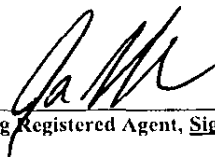
, Florida

33413

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

ALL PAPERWORK WAS ALREADY SENT IN. CHECK WAS ALREADY
PROCESSED AND 2 DEGREES CONSULTING LLC WAS
ASSIGNED A DOCUMENT NUMBER W17000017512. I WAS
ADVISED THAT THE PAPERWORK WAS MISSING SIGNATURES.
ATTACHED SHOULD BE WHAT IS NEEDED TO MAKE THE COMPANY
NAME CHANGE. PLEASE CALL ME WITH ANY ISSUES.
JASON MATISON 561-670-9466

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

MARCH 24

2017

Jason Matison

Signature of a member or authorized representative of a member

JASON MATISON

Typed or printed name of signee

FILED
17 MAR 27 AM 7:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA