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SLUNCTARY OF STATE
TALL AHASSEE, FLORIDA

K.SALY EXAMINER SEP 11 2013

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: JGM	1 LLC		
	Name of Limite	ed Liability Company	PASSET - LAP - LAP - AMERICA ST. Common Passidente
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all corresp	ondence concerning this matter t	o the following:	
	Guilherme M	oraes	
	•	Name of Person	
	JGM1 LLC		
	-	Firm/Company	
	14105 Stiltor	n St.	
		Address	
	Tampa FL 33	3626	
		City/State and Zip Code	
	jlmoraes@msn.coi		
		be used for future annual report not	incation)
For further information	concerning this matter, please ca	Н:	
Jorge Mora	aes	_{at} 813 \ 85215	01
Jorge Moraes Name of Person Name of Person Name of Person Area Code & Daytime Telephone Number			me Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy	□\$60.00 Filing Fec, Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

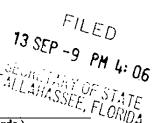
Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

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



JGM 1 LLC

(Name of the Limite	A Florida Limited L	Liability Compa	ny)	•
The Articles of Organization for this Limited I	Liability Company	were filed on	01/23/2013	and assigned
Florida document number L 1300001189	91			
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited liab	ility company	here:	
JGM 1 Cleaning LLC				
The new name must be distinguishable and end w "L.L.C."	ith the words "Limi	ited Liability Co	ompany," the designation "LI	C" or the abbreviation
Enter new principal offices address, if applicable:		94165 Cooperville ct		
(Principal office address MUST BE A STREET ADDRESS)		Tampa F	FI 33625	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	E BOX)			
				
B. If amending the registered agent and registered agent and/or the new registered of			on our records, <u>enter th</u>	e name of the new
Name of New Registered Agent:	Guilherme	e Moraes		
New Registered Office Address:	14105 Stiton st			
		•	Enter Florida street addre	ess
	Tampa FL	-	, Florida <u>33</u> 6	626
		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

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

Title MGRM	Name Guilherme Moraes	Address 14105 Stilton st Tampa FL 33626	Type of Action Add Remove
MGRM	Isabel Moraes	9416 Cooperville ct Tampa FL. 33625	Add Remove
			Add Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
·
Dated 09 04 20 3 ,
Sough morals:
Signature of a member or authorized representative of a member
Jorge Moraes
Typed or printed name of signee

Typed or printed name of sign

Page 3 of 3

Filing Fee: \$25.00