## #13000031715

| (Re                     | questor's Name)       |        |
|-------------------------|-----------------------|--------|
| (Ad                     | ldress)               |        |
| (Ad                     | dress)                | -      |
| (Ci                     | ty/State/Zip/Phone #) |        |
| PICK-UP                 | ☐ WAIT                | MAIL   |
| (Bu                     | usiness Entity Name)  |        |
| (Do                     | ocument Number)       |        |
| Certified Copies        | _ Certificates of     | Status |
| Special Instructions to | Filing Officer:       |        |
|                         |                       |        |
|                         |                       | !      |
|                         |                       |        |
|                         |                       |        |





500274323555

06/25/15--01009--007 \*\*25.00

2015 JUN 25 PK 4: 54

K.SALY EXAMINER JUN 2 6 2015

## **COVER LETTER**

| Division of Cor             |   |   |   |
|-----------------------------|---|---|---|
| JMLC Deve<br>SUBJECT:       | elopment, LLC                                   |   |   |
| SUBJECT.                    | Name of Lim                                     | ited Liability Company  |   |
| The enclosed Articles of    | Amendment and fee(s) are sub                    | mitted for filing.  |   |
| Please return all correspo  | ondence concerning this matter                  | to the following:   |   |
|                             | Joseph L. Richart, III                          |   |   |
|                             |   | Name of Person  |   |
|                             |   | Firm/Company  |   |
|                             | 1847 Taylor Road                                |   |   |
|                             |   | Address   |   |
|                             | Port Orange, FL 32128                           |   |   |
|                             |   | City/State and Zip Code   | <del></del>   |
|                             | joe.richart@icloud.com                          |   |   |
|                             | E-mail address: (                               | to be used for future annual report notif                           | ication)  |
| For further information c   | oncerning this matter, please ca                | all:  |   |
| Kim Flaherty                |   | at (  |   |
| Name o                      | f Person  | Area Code Daytime   | e Telephone Number  |
| Enclosed is a check for the | he following amount:                            |   |   |
| ■ \$25.00 Filing Fee        | □ \$30.00 Filing Fee &<br>Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |

**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

|            | FILED        |  |
|------------|--------------|--|
| 2015 J     | UN 25 PM 4:5 |  |
| 41. Ch. 1. | 14/07 OF 2   |  |

JMLC Development, 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  $\frac{03/01/2013}{1}$ and assigned Florida document number L13000031715 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1847 Taylor Road Enter new principal offices address, if applicable: Port Orange, FL 32128 (Principal office address MUST BE A STREET ADDRESS) 1847 Taylor Road Enter new mailing address, if applicable: Port Orange, FL 32128 (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: N/A Name of New Registered Agent: 1847 Taylor Road New Registered Office Address: Enter Florida street address Port Orange Florida 32128

## 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.

City

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 = M $AMBR = A$ | lanager<br>authorized Member | rized Member |  |                |  |
|--------------------|------------------------------|--------------|--|----------------|--|
| <u>Title</u>       | <u>Name</u>                  | Address      | FILED 2015 JUN 25 PM 4: 54 TALLAHASSEF FLORID. | Type of Action |  |
|                    |                              |              | TALLAHASSEE FLORIGG                            | Add            |  |
|                    |                              |              |  | □ Remove       |  |
|                    |                              |              |  | Change         |  |
|                    |                              |              |  | Add            |  |
|                    |                              |              |  | Remove         |  |
|                    |                              |              |  | Change         |  |
|                    |                              |              |  | □ Add          |  |
|                    |                              |              |  | □ Remove       |  |
|                    |                              |              |  | Change         |  |
|                    |                              |              |  | Add            |  |
|                    |                              |              |  | Remove         |  |
|                    |                              | <del></del>  |  | Change         |  |
|                    |                              |              |  | 🗖 Add          |  |
|                    |                              |              |  | ☐ Remove       |  |
|                    |                              |              |  | Change         |  |
|                    |                              |              |  | Add            |  |
|                    |                              |              |  | □ Remove       |  |
|                    |                              |              |  | □ Change       |  |

| 1 1   |                        |                   |                        |  |  |
|---|------------------------|-------------------|------------------------|--|--|
|   |                        |                   |                        |  |  |
|   |                        |                   |                        |  |  |
|   |                        |                   |                        |  |  |
|   |                        |                   |                        |  |  |
|   |                        |                   |                        |  |  |
|   |                        |                   |                        |  | 28/5 JUN   |
|   |                        |                   |                        |  |  |
|   |                        |                   |                        |  | Service of the servic |
|   |                        |                   |                        |  | 75 F   |
|   |                        |                   |                        |  | THE P  |
| <del> </del>  |                        |                   |                        |  | <u> </u>   |
|   |                        |                   |                        |  |  |
|   |                        |                   |                        | ·  |  |
|   |                        |                   |                        |  |  |
|   |                        |                   |                        |  |  |
| ***************************************                                 |                        |                   |                        | <u> </u>   |  |
|   |                        |                   |                        | · · · <del>- · · · · · · · · · · · · · · · ·</del> |  |
|   |                        |                   |                        |  | <u>, , ,</u>   |
|   |                        |                   |                        |  |  |
| ective date, if other than the n effective date is listed, the date mus | late of filing:        | ot be prior to de | te of filing or more t | opti   | onal)  |
| te: If the date inserted in this blocument's effective date on the Do   | ck does not meet t     | he applicable     |                        |  |  |
| Authorit s'effective date off the De                                    | partificing of State : | s records.        |                        |  |  |
| record specifies a delayed  | effective date,        | but not ar        | effective time         | e, at 12:01 a                                      | a.m. on the earlier  |
| he 90th day after the reco  |                        |                   |                        |  |  |
| June 15   | 20                     | 15 /              |                        |  |  |
| ted   |                        |                   |                        |  |  |
|   | ///                    | $\mathcal{V}$     |                        |  |  |
|   | C                      | er or suthorize   | d representative of a  | mambar   |  |

Page 3 of 3

Filing Fee: \$25.00