

L130000812 99

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(Business Entity Name)

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STATE OF TEXAS  
CLERK OF COURTS  
JUL 31 2015

AUG 03 2015

S. YOUNG

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Jormar44 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:

Michele M. Hoover

Name of Person

Alexander & Hoover CPAs PA

Firm/Company

6361 Presidential Ct, Ste A

Address

Fort Myers, FL 33919

City/State and Zip Code

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

For further information concerning this matter, please call:

Michele M. Hoover

Name of Person

at ( 239 )

Area Code

481-4114

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  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
15 JUL 31 PM 4:41  
TALLAHASSEE, FL

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

JOMAR44 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 June 5, 2013 and assigned Florida document number L13000081299.

This amendment is submitted to amend the following:

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

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)

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

City

, Florida

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>                   |
|--------------|---------------|---------------------------------------------------|-----------------------------------------|
| MGR          | Beth E Devlin | 6361 Presidential Ct, St A<br>Fort Myers FL 33919 | <input checked="" 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            |
|              |               |                                                   | <input type="checkbox"/> Remove         |
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|              |               |                                                   | <input type="checkbox"/> Remove         |
|              |               |                                                   | <input type="checkbox"/> Change         |
|              |               |                                                   | <input type="checkbox"/> Add            |
|              |               |                                                   | <input type="checkbox"/> Remove         |
|              |               |                                                   | <input type="checkbox"/> Change         |

[illegible]

**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.

**Dated**

July 27, 2015

✓ Joseph Lyle  
Signature of a member

Signature of a member or authorized representative of a member

Joseph Lynch

Typed or printed name of signee

[illegible]