

# L130000095260

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : GASSMAN & ASSOCIATES, P.A.  
Account Number : 075350000514  
Phone : (727) 442-1200  
Fax Number : (727) 443-5829

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
HM-JS HOLDINGS, L.L.C.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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| Page Count            | 01      |
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February 4, 2014

GASSMAN & ASSOCIATES PA

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SUBJECT: HM-JS HOLDINGS, L.L.C.  
REF: 113000095260

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan  
Regulatory Specialist II

FAX Aud. #: H14000026224  
Letter Number: 114A00002421

*new one uploaded  
back to Kim*

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TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

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2014 FEB -4 AM 9:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

HM-JS HOLDINGS, L.L.C.

(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 7/02/2013 and assigned  
Florida document number L13000095260.

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 end with 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

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 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

Listing the Managers of Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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          | JS MANAGEMENT OF TAMPA, L.L.C. | 275 BAYSHORE BLVD., UNIT 1405 | <input checked="" type="checkbox"/> Add |
|              |                                | TAMPA, FL 33606-2331          | <input type="checkbox"/> Remove         |
| MGR          | HUMAID AL MASAOOD              | 275 BAYSHORE BLVD., UNIT 1405 | <input checked="" type="checkbox"/> Add |
|              |                                | TAMPA, FL 33606-2331          | <input type="checkbox"/> Remove         |
|              |                                |                               | <input type="checkbox"/> Add            |
|              |                                |                               | <input type="checkbox"/> Remove         |
|              |                                |                               | <input type="checkbox"/> Add            |
|              |                                |                               | <input type="checkbox"/> Remove         |
|              |                                |                               | <input type="checkbox"/> Add            |
|              |                                |                               | <input type="checkbox"/> Remove         |
|              |                                |                               | <input type="checkbox"/> Add            |
|              |                                |                               | <input type="checkbox"/> Remove         |

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

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February 3, 2014



Signature of a member or authorized representative of a member

Christopher J. Denicolo, Authorized Representative

Typed or printed name of signee

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Filing Fee: \$25.00

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