## L13000103046

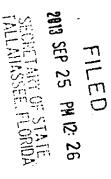
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## **COVER LETTER**

'TO: 'Registration Section Division of Corporations

SUBJECT: JMMS Enterprises, 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:

Juan J. Manteiga

Name of Person

JMMS Enterprises, LLC.

Firm/Company

3301 NE 1st Ave, #2608

Address

Miami, FL 33137

City/State and Zip Code

jjmanteiga@gmail.com

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

For further information concerning this matter, please call:

Juan J. Manteiga

**...954**、261-0909

Name of Person

Area Code & 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2019 SEP 25 PM 12: 26

SECRETARY OF STATE TALLAHASSEE, FLORIDA

JMMS Enterprises 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 I	iability Company	were filed on 7/22/2013	and assigned
Florida document number <u>L13000103046</u>	·		_
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name (	of the limited liab	oility company here:	
N/A			
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Company," the desi	ignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		N/A	
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:			s, <u>enter the name of the new</u>
	N/A		
New Registered Office Address:	17/7	Enter Florida	street address
		, F	lorida
		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 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

<u>Title</u>	Name	Address	Type of Action
MGRM	Michael Slate	8837 Sandy Crest Lane	Add
		Boynton Beach, FL 33473	Remove
			_
			Add
			Remove
			-
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

D. If amending any other information, en	nter change(s) here: (Attach additional sheets, if necessary.)
IN/A	
	3377
September 19	2013
	of a member or authorized representative of a member
Juan J. Manteiga	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

